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ABSTRACT

This report presents the first results from the 1994 National Household Survey on Drug Abuse, showing trends since the 1970s and providing information to identify population groups for which prevention and treatment interventions could have greatest impact. These preliminary results indicate that the number of illicit drug users has not changed since 1992, a leveling that follows more than a decade of decline from the 1979 high. No change has been found in the number of weekly cocaine users, although the number of occasional users has declined. The rate of past-month alcohol use declined from 1979 to 1992, but since then the rate has increased slightly. In an average month in 1994, 6% of Americans aged 12 years and older used illicit drugs, with marijuana being the most commonly used, and 6.2% of the population had 5 or more drinks per occasion on 5 or more occasions. Adolescent marijuana use, declining from 1979 to 1992, has nearly doubled between 1992 and 1994. Heavy drinking remains most prevalent for those aged 18 to 21 and 22 to 25. These findings from a nationally representative sample point out the need for increased education and prevention efforts. Five appendixes present supplemental information about data collection and survey methodology, including 2 tables in Appendix 2 and 40 detailed tables in Appendix 5. (Contains 13 figures and 45 references.) (SLD)

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Advance Report Number 10

September 1995

PRELIMINARY ESTIMATES FROM THE 1994 NATIONAL HOUSEHOLD SURVEY ON DRUG ABUSE

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September 1995

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1. HIGHLIGHTS

This report presents the first results from the 1994 National Household Survey on Drug Abuse, showing trends since the 1970's and providing information to identify population groups for which prevention and treatment interventions could have the greatest impact. Subsequent reports from the survey will contain more detailed analyses of trends and patterns of use, information on comorbidity with mental disorders, estimates of substance abuse for state and local areas, analyses of trends and patterns in the initiation of drug use, and other topics.

Prevalence of Substance Use

Using procedures consistent with previously reported results, we found that:

- The number of illicit drug users has not changed since 1992. This follows more than a decade of decline since the peak year for illicit drug use, which was 1979.
- No change in the number of weekly cocaine users has been detected since the survey first estimated this in 1985, indicating a continuing demand for drug abuse treatment services. However, the number of occasional cocaine users has declined dramatically.
- The rate of past month alcohol use declined from 1979 to 1992. Since then, the rate has increased slightly. The rate of heavy alcohol use has not changed since 1990.

Using improved estimation procedures, our best estimate is that in an average month in 1994:

- 13 million Americans (6.0 percent of those 12 years old and older) used illicit drugs.
- 10 million Americans (four-fifths of current illicit drug users) used marijuana, making it the most commonly used illicit drug.
- 1.4 million Americans (0.7 percent of the population) used cocaine.
- 13 million Americans (6.2 percent of the population) had five or more drinks per occasion on five or more days in the month.
- 60 million people, including 4 million adolescents age 12-17, smoked cigarettes.



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Subgroup trends and patterns

Trends over time among special populations and differences across population groups allow us to identify potential prevention and treatment intervention points.

- Between 1992 and 1994, the rate of marijuana use among youths 12-17 years old nearly doubled. Adolescent use had declined from 1979 to 1992.
- Since 1992, the percentage of youths 12-17 years old that believe there is great risk of harm in using marijuana occasionally has decreased. This points out the need for prevention efforts directed toward children and adolescents.
- There has been a shift in the age distribution of illicit drug users. The heavy drug using cohorts of the 1970's, including those with severe problems, continue to get older. The average age of current illicit drug users and the proportion that are age 35 and older have risen steadily since 1979. Nevertheless, in 1994 the rate of current illicit drug use was highest among persons 18-21 and 16-17 years old. Heavy drinking was most prevalent among persons age 18-21 and 22-25.
- Many women of childbearing age who use substances reduce their use during pregnancy but resume use after giving birth. This finding supports efforts to intervene with pregnant substance abusers.
- Illicit drug use rates remain highly correlated with employment status. The highest rate of drug use was among the unemployed. However, three quarters of adult illicit drug users and 65 percent of adult cocaine users were employed.
- Among persons 18-34 years old, those who had not completed high school had the highest rates of illicit drug use. However, three quarters of illicit drug users and 63 percent of cocaine users in this age group were high school graduates.

Information about the survey

The survey is the primary source of statistical information on the use of illegal drugs in the United States. It is based on a nationally representative sample of the civilian noninstitutionalized population age 12 and older. Each year, the survey produces estimates of the prevalence of use of various substances, including a variety of illicit drugs, alcohol, and tobacco.

Both an improved questionnaire and estimation procedure were introduced in 1994, based on a series of studies and consultations with drug survey experts and data users. Because this new methodology produces estimates that are not comparable to previous estimates, trends over time must be evaluated using a supplemental sample employed in 1994 that used the "pre-1994" methodology. The improved methodology produced rates of smoking among youths that were nearly double the rates previously reported by the survey.



2. INTRODUCTION

This report contains 1994 preliminary national estimates of rates of use, numbers of users, and other measures related to illicit drugs, alcohol, cigarettes, and smokeless tobacco. These estimates are from the National Household Survey on Drug Abuse (NHSDA), an ongoing survey of the civilian noninstitutionalized population of the United States, 12 years old and older.

Summary of NHSDA Methodology

The National Household Survey on Drug Abuse is the primary source of statistical information on the use of illegal drugs by the United States population. Conducted by the Federal Government since 1971, the survey collects data by administering questionnaires to a representative sample of the population at their place of residence. Since October 1, 1992 the survey has been conducted by the Substance Abuse and Mental Health Services Administration (SAMHSA). The survey estimates the prevalence of illegal drug use in the United States, and monitors trends in prevalence. These data help identify the population groups most at risk for illicit drug use and the drugs most commonly used.

In addition to detailed information on the use of various licit and illicit drugs, the survey collects data on employment, education, income, health status, health insurance, utilization of services, and access to care.

In some years, other agencies cosponsor the NHSDA to support the collection of data they ask SAMHSA to collect. In 1994, the Department of Agriculture funded a supplemental rural sample, and the Department of Labor funded a module of questions on workplace issues related to substance abuse.

The survey covers residents of households, noninstitutional group quarters (e.g., shelters, rooming houses, dormitories), and civilians living on military bases. Persons excluded from the universe include the homeless who never use shelters, active military personnel, and residents of institutional group quarters, such as jails and hospitals. Appendix 3 describes other surveys that have been conducted on these noncovered populations.

In 1994, the survey underwent major changes that affect the reporting of substance abuse prevalence rates. Specifically, new questionnaire and new data editing procedures were implemented to improve the measurement of trends in prevalence and to enhance the timeliness and quality of data essential to policymakers at all levels of government. A more complete description of this new methodology is given in the next section.

Because it was anticipated that the new methodology would affect the levels of substance use reported by respondents and the estimates of prevalence, the 1994 NHSDA was designed to generate two separate sets of estimates. The first set, called the 1994-A estimates, was based on the same questionnaire and editing method that was used in 1993 (and earlier). These estimates are used in the analysis of trends in substance use over time. The second set, called the 1994-B estimates, was based on



the new questionnaire and editing methodology. The 1994-B estimates are used in the analysis of patterns of substance use and demographic differences in 1994. For clarity, the analyses of trends and the reporting of patterns are presented in separate sections.

The 1994 survey employed a multistage area probability sample of 22,181 persons interviewed from January through December 1994. This sample included 4,372 respondents to the 1994-A questionnaire and 17,809 respondents to the 1994-B questionnaire. The screening and interview response rates were 94 percent and 77 percent, respectively, for the 1994-A questionnaire, and 94 percent and 78 percent, respectively, for the 1994-B questionnaire. The sample design incorporated the oversampling of blacks, Hispanics, and young people, to improve the accuracy of estimates for those populations.

Oversampling of six large metropolitan areas, which was incorporated into the NHSDA design during 1990-1993, was not continued in 1994. This resulted in a substantial reduction in sample size. However, the National component of the previous sample design was retained, so that the 1994-B sample is essentially equivalent to the 1993 sample in terms of the precision of resulting estimates.

The household interview takes about an hour to complete and incorporates procedures designed to maximize honest reporting of illicit drug use (including the use of self-administered answer sheets). Data are collected on the recency and frequency of use of various licit and illicit drugs, opinions about drugs, demographic characteristics, problems associated with drug use, and drug abuse treatment experience.

Revised NHSDA Methodology in 1994

Because of the importance of this survey as a policymaking tool, SAMHSA and NIDA have invested substantial resources to improve and refine the NHSDA to ensure that substance use and related problems are measured accurately. Toward this end, a number of methodological studies were conducted during 1988-1992 to evaluate the instrumentation and administration methodology for the survey (Turner, Lessler, and Gfroerer 1992). These studies identified a number of potential improvements for the NHSDA questionnaire. A 1992 GAO report also raised some specific issues concerning NHSDA measurement of prevalence, and made recommendations for improving the survey (GAO 1993). Based on these studies and consultations with drug survey researchers and data users, an improvement was developed, tested, and fielded in 1994. Some of the major improvements of the new 1994-B questionnaire are:

A new core-supplement structure provides the capability to easily add or delete sets of questions concerning particular policy issues without affecting the measurement of basic substance use prevalence. This new structure also provides for a more consistent measurement of prevalence over time by designating a set of questions on the recency and frequency of substance use as "core" items to be administered the same way every year.



- ▲ Questions about tobacco use are asked using a self-administered answer sheet for enhanced privacy, improving the reporting of tobacco use, particularly for youths.
- ▲ Questions are reworded to eliminate vague terms and enhance consistency across different sections of the questionnaire.
- ▲ A simplified, easier to understand definition of nonmedical use of prescription-type drugs is used.
- A calendar is used during the interview to help the respondent focus on reference periods, improving the accuracy of reporting of recency of drug use.
- ▲ New questions on pregnancy, mental health disorders, treatment for substance abuse and mental health, and other issues are included.

In addition to these questionnaire improvements, new procedures for editing drug use data reported in the survey were implemented in 1994. The new editing procedures will use only the designated core items to determine substance use prevalence. The consistent use of this editing procedure each year will ensure more reliable trend measurement.

Comparisons of 1994-A and 1994-B data have shown that the improvements had a minimal effect on some estimates. However, for others the effect was substantial. These analyses are continuing, and a SAMHSA report to be released later this year will provide details on the development of the new questionnaire and editing method, the design of the sample, and the impact of the new methodology on substance use estimates. At this time a few key observations are clear:

- A Rates of missing data for key drug use variables are lower with the 1994-B data, indicating improved reliability with the new questionnaire.
- ▲ The new methodology has a minimal effect on estimates of past month use of most illicit drugs.
- ▲ Estimates of past year and lifetime use of illicit drugs are slightly lower under the new methodology, primarily because of the revised editing procedures.
- ▲ Estimates of alcohol use are slightly higher under the new methodology.
- ▲ Estimates of tobacco use are substantially higher under the new methodology, especially for young people. This is probably due to the use of a self-administered answer sheet for tobacco questions (previously interviewer-administered).



Format of the Report and Explanation of Tables

The two sets of 1994 estimates referenced in this report serve different purposes, and they are presented separately. Section 3 (Trends in Substance Use. 1979-1994) focuses on trends in substance use with a particular focus on changes between 1993 and 1994. This section presents 1994-A data, collected and processed with a methodology consistent with the 1993 (and earlier) surveys. Section 4 (Patterns of Substance Use in 1994) focuses on the prevalence of substance use and variations across demographic groups in 1994. This section uses the 1994-B data, taking advantage of the improved reliability, larger sample size, and additional data items collected with the new questionnaire. A discussion of the NHSDA findings, including comparisons with other studies, is given in Section 5 (Discussion of Results). Technical appendices 1, 2 and 3 provide more detail on methods used in the NHSDA, limitations of the data, and other sources of data. Appendix 4 provides a list of references related to the NHSDA, other substance abuse surveys, and drug abuse survey methodology. Detailed tabulations of data from the NHSDA are provided in Appendix 5.

Tables contained in this report indicate statistical significance between 1994-A estimates and 1993 estimates. Significance levels are indicated in the tables. For comparisons with other years and between population subgroups within the same year, all changes described in the text as increases or decreases were also tested and found to be significant at least at the .05 level.

Estimates presented from 1979-1985 are revisions of previously published 1979-1985 NHSDA estimates. These improved estimates resulted in negligible differences and were due to more accurate weighting of the data and adjustments for missing and inconsistent data for some questionnaire items. The revised 1979 and 1982 estimates are presented for the first time in this report. Revised 1985 estimates were first released in Advance Report 7.

Tables and text present prevalence measures in terms of both the number of drug users and the rate of drug use in the population. Tables show estimates of drug use prevalence in lifetime (i.e., ever used), past year, and past month. The analysis focuses primarily on past month use, which is also referred to as "current use," although lifetime and past year data are also discussed in a few cases. Estimates for other measures (e.g., perceived risk) are shown only in terms of percentages of the population.

Data are presented for three major race/ethnic groups: whites, blacks, and Hispanics. A fourth category, "Other," includes Asian and Pacific Islanders, American Indians and Alaskan Natives, and other groups. It should be noted that the category "white" includes only non-Hispanic whites, the category "black" includes only non-Hispanic blacks, and the category "Hispanic" includes Hispanics of any race.

Tables also present data by population density. For this variable, large metropolitan areas are defined as Metropolitan Statistical Areas (MSAs) with a population of 1 million or more. Small metropolitan areas are MSAs with a population of less than 1 million. Nonmetropolitan areas are areas outside of MSAs. For 1993 and 1994 NHSDA estimates, 1990 Census data and 1990 MSA classifications were used to determine



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population density. For 1992 estimates. 1990 Census counts and 1984 MSA classifications were used.

Data are also presented for four U.S. geographic regions. These regions include the following groups of States:

Northeast - Maine, New Hampshire. Vermont, Massachusetts, Rhode Island, Connecticut. New York, New Jersey, Pennsylvania.

North Central - North Dakota, South Dakota, Nebraska, Kansas. Minnesota. Louisiana, Missouri, Wisconsin, Illinois, Michigan, Indiana, Ohio.

<u>South</u> - Texas, Oklahoma, Arkansas, Louisiana, Mississippi, Tennessee, Kentucky, West Virginia, Virginia, Maryland, Delaware, District of Columbia, North Carolina, South Carolina, Georgia, Florida, Alabama.

<u>West</u> - California, Oregon, Washington, Idaho, Nevada, Arizona, New Mexico, Utah, Colorado, Wyoming, Montana, Hawaii, Alaska.

Other than presenting results by age group and other basic demographic characteristics, no attempt is made in this report to control for potentially confounding factors that might help explain the observed associations. This point is particularly salient with respect to race/ethnicity, which tends to be highly associated with socioeconomic characteristics. The cross-sectional nature of the data precludes any causal interpretations of observed relationships. Nevertheless, the data presented in this report are useful for indicating demographic subgroups with relatively high (or low) rates of drug use, regardless of what the underlying reasons for those differences might be. A previously published SAMHSA report includes a more in-depth analysis of the relationship between drug use, race/ethnicity, and socioeconomic status (SAMHSA 1993b). In this report, measures of socioeconomic status include employment and education. Personal and family income data are not available for analysis in this preliminary report, but will be presented in a later report.



Other NHSDA Reports

"Population Estimates" and "Main Findings" will be released during the next few months. Other reports based on the 1994 NHSDA include a methodological report on the implementation of the new questionnaire and its effects on estimates, and a report on the prevalence of mental disorders and comorbidity. Both of these reports will be completed this year.

The Office of Applied Studies is also conducting more specialized. in-depth analyses using NHSDA data on specific substance abuse issues. Current studies in progress, based primarily on 1991-93 data, include:

- ▲ Trends in the Incidence of Drug Use in the U.S.. 1919-1992
- ▲ Substance Abuse in States and Metropolitan Areas: Model-Based Estimates from the 1991-1993 NHSDAs
- ▲ Characteristics of Persons Treated for Drug Abuse
- ▲ The Relationship Between Family Structure and Adolescent Drug Use
- ▲ Substance Use Among U.S. Workers: Prevalence and Trends by Occupational Categories
- ▲ Substance Abuse Among Women in the U.S.

A complete listing of previously published reports from the NHSDA and other data sources is available from the Office of Applied Studies. Many of these reports are also available through the Internet. In addition, OAS makes public use data files available to researchers. Currently, files are available from the 1979, 1982, 1985, 1988, 1990, 1991, 1992, and 1993 NHSDAs. The 1994 public use file will be available by January, 1996. Secondary analysis of these data can be supported through grants awarded by the Division of Epidemiology and Prevention Research, National Institute on Drug Abuse.

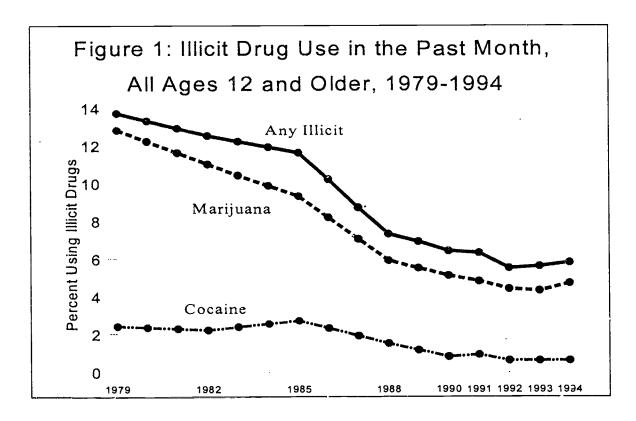


3. TRENDS IN SUBSTANCE USE, 1979-1994

The following summary of trends in substance use primarily covers the period from 1979 (the peak year for illicit drug use prevalence) to 1994, with an emphasis on any significant changes between 1993 and 1994. Note that this analysis uses 1994-A estimates, which are based on a sample of 4.372 respondents.

Trends in Any Illicit Drug Use

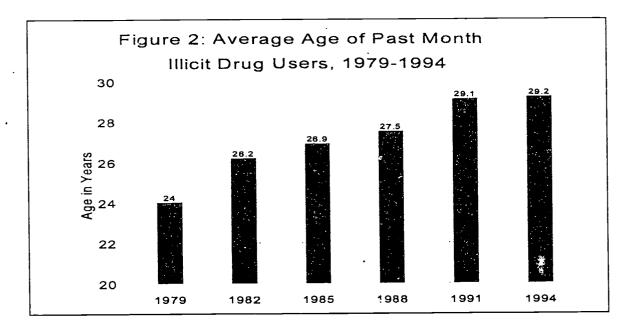
- The number of current illicit drug users did not change between 1993 and 1994 (11.7 and 12.2 million, respectively).
- The peak year for current illicit drug use was 1979, when there were an estimated 25 million current users, representing 13.7 percent of the population. Since then, the rate of use declined steadily to 5.5 percent in 1992, but has changed little since then (5.8 percent in 1994) (Figure 1).



- O The rate of current illicit drug use increased for youth 12-17 years old between 1993 and 1994 (from 6.6 percent to 9.5 percent), after declining from 18.5 percent in 1979 to 6.1 percent in 1992.
- The rate of current illicit drug use remained unchanged between 1993 and 1994 among young adults 18-25 years old, persons 26-34 years old, and those 35 and older.



- O Compared with 1979, prevalence was much lower in 1994 for younger people, but for older adults the current illicit rate of use changed little. For the 12-17 year old age group, the rate of current illicit drug use has decreased from 18.5 percent in 1979 to 9.5 percent in 1994. Decreases have also occurred for the 18-25 age group (37.4 percent in 1979, 13.2 percent in 1994) and 26-34 age group (18.4 percent in 1979, 7.8 percent in 1994). For the 35 and older age group, the rate was 2.6 percent in 1979 and 2.9 percent in 1994.
- o In 1994, 29 percent of past month illicit drug users were age 35 and older. This percentage has increased steadily since 1979, when 10 percent of illicit drug users were age 35 and older. Since 1979, the average age of current illicit drug users has increased from 24 years old to 29 years old. These trends demonstrate the shift in the age composition of illicit drug users (Figure 2).



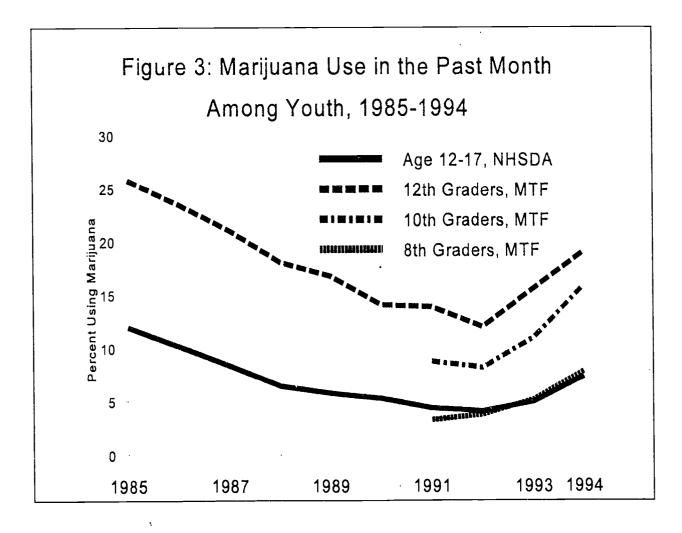
- o In general, the aging of the people in the heavy drug using cohorts of the late 1970s, many of whom continue to use illicit drugs, has diminished any observable reductions in use among the 35 and older age group and has resulted in an overall shift in the age distribution of the population of illicit drug users. This shift in the age composition of drug users is also reflected in data from the Drug Abuse Warning Network (DAWN). DAWN shows that visits by patients aged 35 and older to hospital emergency rooms for drug related problems have increased in recent years (see Advance Report Number 8). For example, in 1979, 12 percent of cocaine-related episodes involved persons age 35 or older. By 1993, this percentage had increased to 38 percent.
- The rate of current illicit drug use remained unchanged between 1993 and 1994 among whites, blacks, and Hispanics, and for both men and women. Although not a statistically significant increase, the rate of use among blacks was 6.6 percent in 1992, 6.8 percent in 1993, and 8.6 percent in 1994.



Trends in Marijuana and Hashish Use

Marijuana is by far the most commonly used illicit drug. Because of this, trends and demographic differences are generally similar for any illicit use and marijuana/hashish use.

O The rate of marijuana and hashish use did not change between 1993 and 1994 (4.3 percent in 1993 and 4.7 percent in 1994). However, use among youths 12-17 years old has increased since 1992. Among youths, the rate was 4.0 percent in 1992, 4.9 percent in 1993, and 7.3 percent in 1994. This reversal in trend has also been reported in the results from the 1994 Monitoring the Future Study, a survey conducted among teenage students in school (Figure 3).

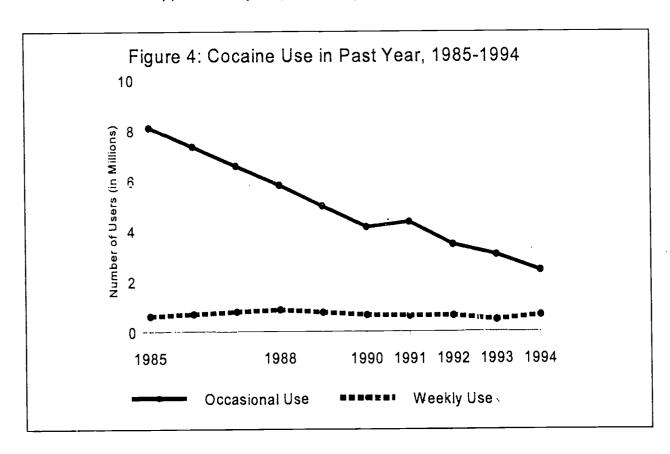


 Frequent use of marijuana, defined as use on a weekly basis during the past year, remained unchanged from 1990 through 1994 at about 2.7 percent of the population, but was lower than in 1985, when the rate was 4.6 percent.



Trends in Cocaine Use

- The rate of cocaine use did not change between 1993 and 1994, remaining at 0.6 percent of the population. It had reached a peak in 1985 at 2.7 percent of the population.
- Frequent cocaine use, defined as use on a weekly basis during the past year, has not changed significantly since it was first estimated in 1985, suggesting a continuing demand for drug abuse treatment services (Figure 4). In 1994, 0.3 percent of the population was a frequent cocaine user, the same rate as in 1985. Since 1985, estimates of the number of weekly cocaine users have ranged from 476,000 (in 1993) to 862,000 (in 1988). It should be noted that these estimates are subject to large sampling error and potentially large nonsampling error. Appendix 2 of this report discusses a methodology for estimating weekly cocaine use that incorporates adjustments for undercoverage and underreporting. The adjusted 1994 estimate was approximately 20 percent higher than the unadjusted estimate.



O The estimated number of occasional cocaine users (people who used in the past year but less often than monthly) has sharply declined from 8.1 million (4.2 percent of the population) in 1985 to 2.4 million (1.2 percent) in 1994 (Figure 4).



Trends in Use of Other Illicit Drugs

Prevalence rates for other illicit drugs are smaller and consequently more difficult to measure accurately. There were no major changes in the prevalence of use of inhalants, hallucinogens, heroin or non-medical use of psychotherapeutics between 1993 and 1994.

Estimates of heroin use from the NHSDA are considered very conservative due to the probable undercoverage of the population of heroin users. Since 1979, estimates of lifetime heroin prevalence have fluctuated between 1.7 million and 2.7 million users, with no clear pattern over time. Similarly, the number of past year users has ranged from 245,000 to 539,000. Appendix 2 of this report discusses the limitations of estimates of heroin prevalence and other heavy drug use measures. Based on a methodology that partially adjusts for undercoverage and underreporting, a revised estimate of the number of heroin users in 1994 was about 40 percent higher than the unadjusted 1994 estimate.

- o The estimated prevalence rate of nonmedical use of psychotherapeutics in the past month has fluctuated over time. There were decreases in use between 1985 and 1994. Decreases in the nonmedical use of stimulants, sedatives, and tranquilizers occurred between 1991 and 1994, but there was no change in the use of analgesics nonmedically between 1991 and 1994.
- o Inhalant use rates have not changed since 1988. The 1994 estimated number of current inhalant users appeared to be higher that the 1993 estimate, but the change was not statistically significant.
- The rate of hallucinogen use has remained level since 1988.

Trends in Alcohol Use

Estimates of the prevalence of alcohol use are presented in terms of current use (any use in the past month) and heavy use. For this report, heavy alcohol use is defined as drinking five or more drinks per occasion on 5 or more days in the past month.

- Alcohol usage (in the past month) declined from 1979 to 1992, from 61 percent of the population in 1979 to 48 percent of the population in 1992. Since then, the rate has increased to 53 percent in 1994. Heavy alcohol use has changed little since 1990, remaining at about 5 percent each year.
- o Following a decrease from 37.3 percent in 1979 to 15.7 percent in 1992, the rate of current alcohol use among youth 12-17 years old has stabilized (18.0 percent in 1993 and 16.3 percent in 1994).



Trends in Tobacco Use

- Current cigarette smoking declined from 35 percent in 1979 to 27 percent in 1990 and 23 percent in 1994.
- Decreases in smoking since 1979 occurred for those 18-25 years old (from 43 percent to 27 percent), for those 26-34 years old (from 42 percent to 29 percent), and for those 35 and older (from 36 percent to 24 percent).
- O No significant decrease in smoking since 1979 occurred for those age 12-17 (12 percent in 1979 and 10 percent in 1994). The rate of smoking among youths has been constant since 1992, at about 10 percent. However, among those age 12-13, the rates were 1.9 percent in 1992 and 2.6 percent in 1994. Similarly, for youths age 14-15, rates were 8.8 percent in 1993 and 10.0 percent in 1994. While these apparent increases are consistent with data from the Monitoring the Future Study, they are not statistically significant in the NHSDA data.
- O Rates of current cigarette use were found to be much higher with the new NHSDA questionnaire that employed self-administered answer sheets. Thus, the estimates given above are believed to be substantial underestimates. For those age 12-17, underestimation appears to be as much as 50 percent (i.e., 1994-B estimates are twice as high as 1994-A estimates for those age 12-17).

Trends in Drug Attitudes

In addition to data on the use of drugs, the NHSDA also collects data on respondents' perceptions of the risk of harm of using drugs and the availability of drugs. For this report, perceived risk of harm is presented as the percent reporting that they perceive great risk of harm in using the drug at a specified level of frequency. Perceived availability is measured as the percent reporting that obtaining the drug is either very easy or fairly easy.

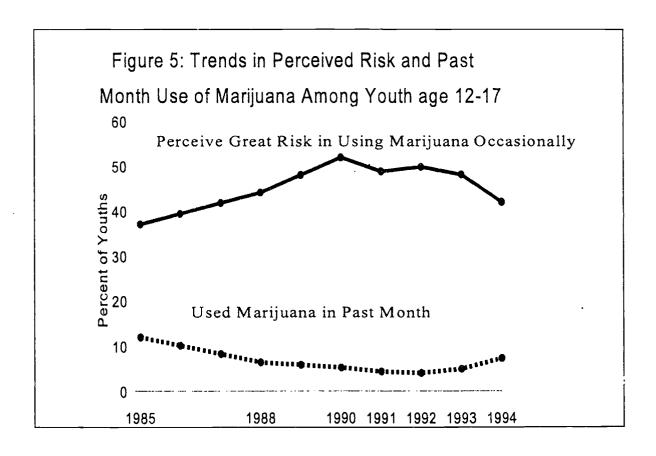
A detailed analysis of these data, covering the period 1985-1992, was included in Advance Report Number 5 (SAMHSA 1994). That report demonstrated that the NHSDA and other studies show that drug use is correlated with attitudes and beliefs about drugs. Rates of drug use in the NHSDA were much higher in populations that did not perceive great risk of harm than in populations that did perceive great risk of harm. Because it is a risk factor that can potentially be influenced by prevention activities that educate the public about the health consequences of drug use, trends in perceived risk of harm are important to track.

It should be noted that NHSDA questions on perceived risk of harm in the 1994-A and 1994-B questionnaires are different. Thus, as is the case for drug use estimates, 1994-B data for perceived risk should not be used to analyze trends.



The survey also collects data on respondents' observations of drug-related activity in their neighborhood or elsewhere. This includes whether the respondent has been approached within the past month by someone selling drugs, how often the respondent has seen people selling drugs in the neighborhood, and how often the respondent has seen people drunk or high on drugs in the neighborhood.

- o In general, the percentage of the population perceiving great risk in illicit drug use changed little between 1992 and 1994.
- O However, the percentage of youths 12-17 years old that perceive great risk in using illicit drugs has decreased since 1992. Concurrent with increases in use since 1992, the percentage reporting great risk in occasional marijuana use declined from 50 percent to 42 percent (Figure 5). This points out the need for prevention efforts directed at children and adolescents. Decreases were also seen for perceived risk in using cocaine, PCP, heroin, steroids, and alcohol, and a significant decrease in perceived risk of smoking cigarettes was observed between 1993 and 1994.





- The percent of youths reporting that marijuana was easy for them to get increased from 51 percent in 1992 and 53 percent in 1993 to 59 percent in 1994. No changes in perceived availability of cocaine or crack, PCP, LSD, or heroin were reported among youths in 1994. However, there were increases in perceived availability of LSD, PCP, and heroin among adults.
- o The percent of youths reporting having been approached in the past month by someone selling drugs has increased from 13.4 percent in 1992 and 14.4 percent in 1993 to 18.9 percent in 1994.
- o No changes occurred during 1992-94 in the percent of the population reporting that they see people selling drugs in their neighborhood occasionally or more often.
- o No changes occurred during 1992-94 in the percent of the population reporting that they see people who are drunk or high on drugs occasionally or more often in their neighborhood.

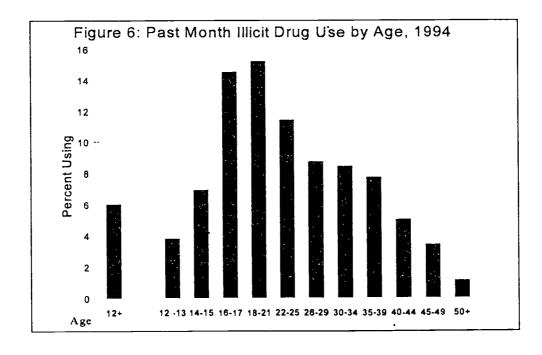


4. PATTERNS OF SUBSTANCE USE IN 1994

This section focuses on the characteristics of substance users in 1994, in terms of differences by age, race/ethnicity, gender, geographic region, population density, employment status, and education level. The analysis is based on the new NHSDA questionnaire, referred to as 1994-B. These estimates are considered the best estimates of the levels and patterns of prevalence, but should not be compared with estimates from the 1994-A sample or from earlier NHSDA data because of the change in methodology described on pages 4-6 of this report. This section also includes new data on the prevalence of substance use among pregnant women.

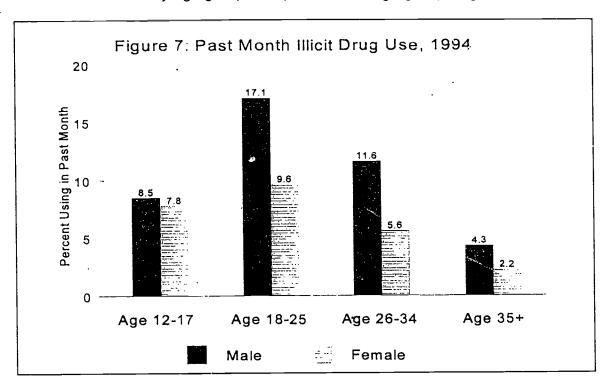
Any Illicit Drug Use in 1994

- o In 1994, an estimated 12.6 million Americans were current illicit drug users, meaning they had used an illicit drug in the month prior to interview. This represents 6.0 percent of the population 12 years old and older.
- o Mariju and is the most commonly used illicit drug, used by 81 percent of current illicit drug users. Approximately 61 percent of current illicit drug users used marijuana only, 20 percent used marijuana and another illicit drug, and the remaining 19 percent used only an illicit drug other than marijuana in the past month. An estimated 4.9 million Americans (2.3 percent of the population) were current users of illicit drugs other than marijuana and hashish.
- The rate of current illicit drug use in 1994 was highest among young adults 18-21 years old (15.2 percent) and youth 16-17 years old (14.5 percent) (Figure 6).





- The rate of current illicit drug use for blacks (7.3 percent) was somewhat higher than for whites (6.0 percent) and Hispanics (5.4 percent).
- Most current illicit drug users were white. There were an estimated 9.6 million whites (76 percent of all users), 1.7 million blacks (14 percent), and 1.0 million Hispanics (8 percent) who were current illicit drug users in 1994.
- o Men continued to have a higher rate of current illicit drug use than women (7.9 percent vs. 4.3 percent) in 1994. Rates of use were substantially higher for men than women in every age group except the 12-17 age group (Figure 7).



- The current illicit drug use rate ranged from 6.6 percent in the West region to 5.1 percent in the Northeast region.
- o Illicit drug use rates remain highly correlated with educational status. Among persons age 18-34 in 1994, those who had not completed high school had the highest rate of use (14.6 percent), while college graduates had the lowest rate of use (6.7 percent). However, 77 percent of illicit drug users in this age group had completed high school.
- O Current employment status is also highly correlated with rates of illicit drug use, as 13.9 percent of unemployed adults (age 18 and older) were current illicit drug users in 1994, compared with 6.7 percent of employed adults. Seventy-four percent of all current illicit drug users aged 18 and older (8.0 million adults) were employed.



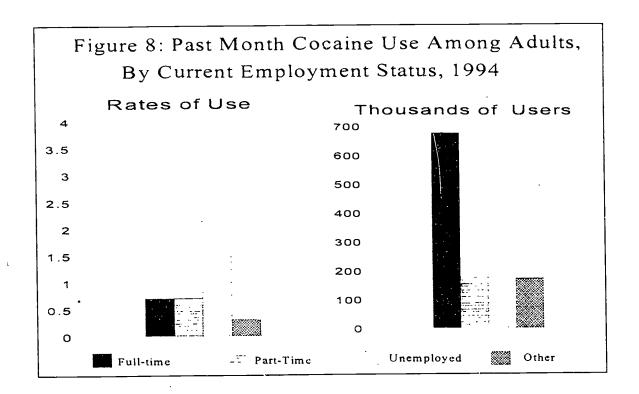
Marijuana and Hashish Use in 1994

- In 1994, an estimated 10 million Americans were current marijuana or hashish users. This represents 4.8 percent of the population aged 12 and older.
- Marijuana is by far the most prevalent drug used by illicit drug users, as about fourfifths (80 percent) of current (past month) illicit drug users were marijuana or hashish users in 1994.

Cocaine Use in 1994

- o In 1994, an estimated 1.4 million Americans were current cocaine users. This represents 0.7 percent of the population aged 12 and older.
- o The estimated number of current crack users was about one-half million in 1994.
- Approximately 60 percent of current cocaine users were age 18-34 in 1994. As in the past, the rate of current cocaine use in 1994 was highest among young adults 18-25 years old (1.2 percent) and those 26-34 years old (1.3 percent). Rates were 0.3 percent for youths 12-17 years old and 0.4 percent for adults aged 35 and older.
- The 1994 survey continued to show higher rates of cocaine use among blacks (1.3 percent) and Hispanics (1.1 percent), compared with whites (0.5 percent). However, 62 percent of current cocaine users were white in 1994. Blacks comprised 22 percent and Hispanics another 16 percent.
- Men continued to have a higher rate of current cocaine use than women (0.9 percent and 0.4 percent, respectively, in 1994).
- o In 1994 the rate of cocaine use was 0.8 percent in the West region, 0.7 in the South region, 0.6 percent in the North Central region, and 0.5 percent in the East region.
- Ourrent cocaine use rates remained highly correlated with educational status. Among persons age 18-34 in 1994, those who had not completed high school had a current use rate of 2.7 percent. The rate was 1.4 percent among those with a high school education, 0.8 percent among those with some college, and 0.6 percent among college graduates. However, 63 percent of cocaine users in this age group had at least completed high school.
- The rate of current cocaine use was highest among the unemployed, as 3.5 percent of unemployed adults (age 18 or older) were current cocaine users in 1994, compared with only 0.7 percent of employed adults. Nevertheless, 65 percent of all adult current cocaine users in 1994 were employed either full or part time. This reflects an estimated 0.9 million adult employed cocaine users (Figure 8).





Use of Other Illicit Drugs in 1994

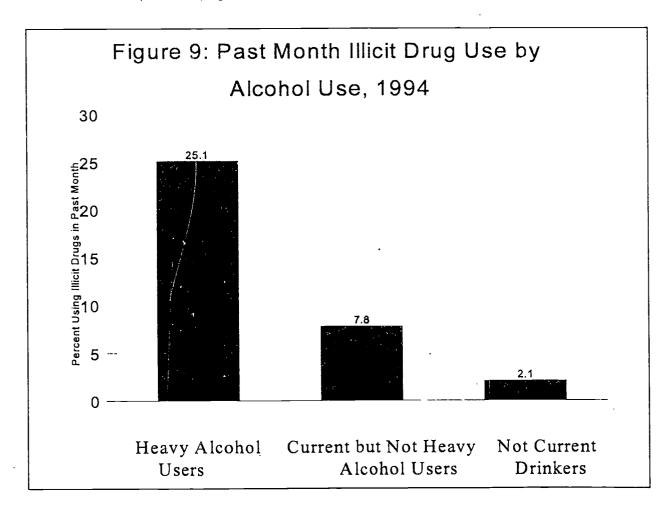
- Estimates of heroin use from the NHSDA are considered very conservative due to the probable undercoverage of the population of heroin users. The survey estimated 2.1 million lifetime heroin users in 1994. Appendix 2 of this report discusses the limitations of estimates of heroin prevalence and other heavy drug use measures.
- o The rate of current use of hallucinogens was highest in the 18-25 age group (1.8 percent), but was 1.1 percent for youths 12-17 years old. The new NHSDA questionnaire collects additional data on the use of LSD. LSD is shown to be the most commonly used hallucinogen. Rates of LSD use were 1.0 percent for persons 18-25 years old and 0.5 percent for youths.
- More than 18 million persons (8.7 percent of the population) have used hallucinogens in their lifetime, and nearly 15 million (7.0 percent) of them have used LSD. Among 12-17 year olds, 4.0 percent had used hallucinogens in their life, and 3.4 percent had used LSD.
- The 12-17 year old age group had the highest rate of current inhalant use (1.6 percent).
- Ourrent nonmedical use of psychotherapeutics (prescription-type drugs) was reported by an estimated 2.6 million people (1.2 percent). Rates were 1.8 percent for persons 26-34 years old, 1.7 percent for youths 12-17 years old, and 1.6 percent for young adults 18-25 years old.



Alcohol Use in 1994

Estimates of the prevalence of alcohol use are presented in terms of current use (any use in the past month) and heavy use (defined as drinking 5 or more drinks per occasion on 5 or more days in the past month).

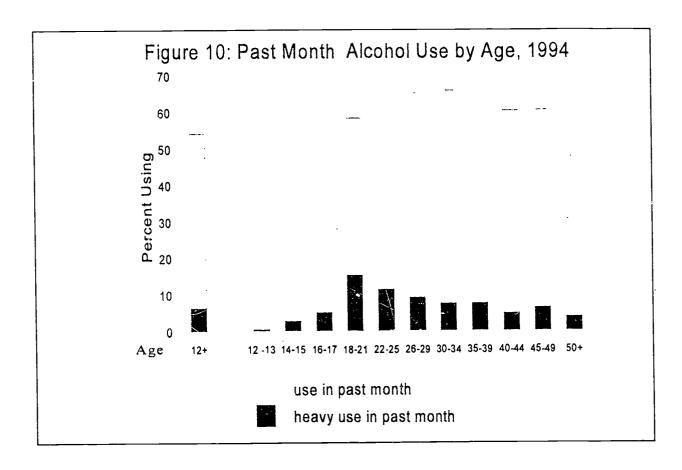
- In 1994, approximately 113 million persons age 12 and over had used alcohol in the past month, which was about 54 percent of the total population age 12 and older.
 About 13 million Americans (6.2 percent of the population) were heavy drinkers.
- Heavy drinkers were more likely to be illicit drug users in 1994. Of the 13 million heavy drinkers, 25 percent (3.2 million people) were current illicit drug users. Among the 100 million current drinkers who were not heavy drinkers, the rate of illicit drug use was 7.8 percent (Figure 9).



O About 16 percent of heavy drinkers (2 million people) were under age 21 in 1994. Nine percent of current drinkers (10.6 million people) were under age 21.



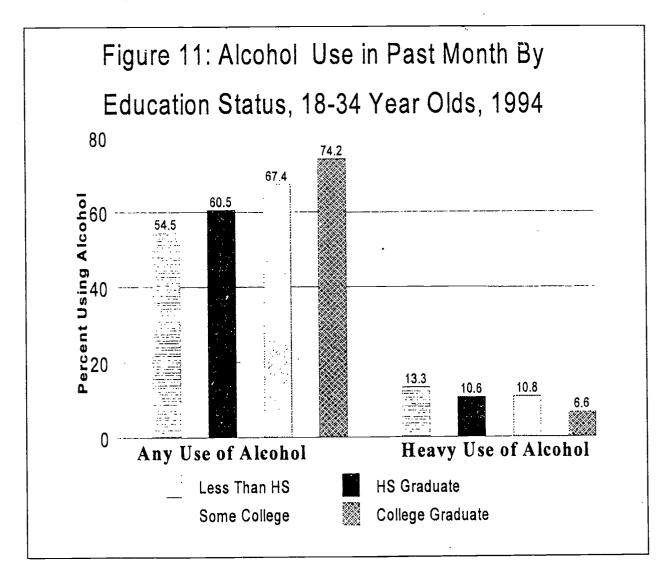
- o In 1994, the rate of current drinking was 22 percent for youths 12-17 years old, 58 percent for persons 18-21 years old and 68 percent for those 22-25 years old, the age group with the highest rate. The rate of current drinking was about 65 percent for ages 26-39, 60 percent for those age 40-49, and 47 percent for those age 50 and above (Figure 10).
- O Heavy drinking rates were 2.5 percent among youths, 15 percent among persons 18-21 years old, and 11 percent among those 22-25 years old. Although rates were lower for older adults, 3.7 percent of adults age 50 and older (2.3 million people) were heavy drinkers in 1994 (Figure 10).



- o In 1994, rates of heavy alcohol use show no statistically significant differences by race/ethnicity (6.4 percent for whites, 7.5 percent for Hispanics, and 4.8 percent for blacks). Whites continued to have the hignest rate of past month alcohol use at 57 percent. Rates for Hispanics and blacks were 48 percent and 44 percent, respectively.
- o Sixty percent of men were past month alcohol users, compared with 48 percent of women. Men were much more likely than women to be heavy drinkers (10.3 and 2.5 percent, respectively).



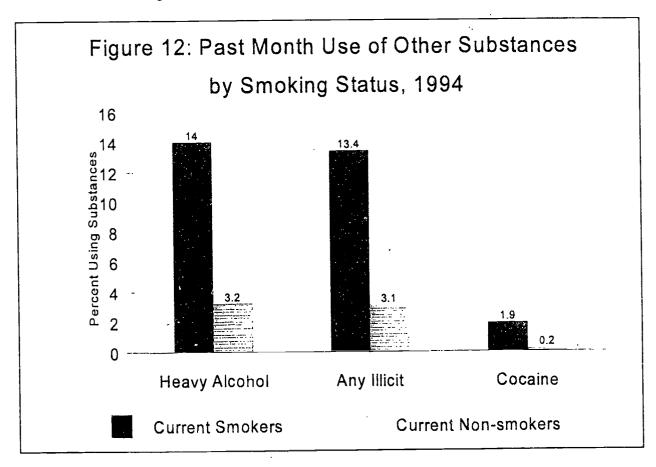
- The rate of current alcohol use was 56 percent in the Northeast, North Central and West regions, and 50 percent in the South in 1994. Heavy alcohol use was 7.1 percent in the North Central region, 6.6 percent in the South, 5.7 percent in Northeast and 5.2 percent in the West.
- o In contrast to the pattern for illicit drugs, the higher the level of educational attainment, the more likely was the current use of alcohol. In 1994, 69 percent of adults with college degrees were current drinkers, compared with only 44 percent of those having less than a high school education. Among persons 18-34 years old, 74 percent of those with college degrees were current alcohol users in 1994, compared with only 54 percent of those having less than a high school education. However, the rate of heavy alcohol use in this age group was 6.6 percent among those who had completed college and 13.3 percent among those who had not completed high school (Figure 11).





Tobacco Use in 1994

- The 1994-B questionnaire used a self-administered answer sheet for tobacco questions, which resulted in substantially higher reported smoking, particularly for youths 12-17 years old.
- An estimated 60 million Americans were current smokers in 1994. This represents a smoking rate of 29 percent for the population age 12 and older.
- O Current smokers were more likely to be heavy drinkers and illicit drug users. Among smokers, the rate of heavy alcohol use (five or more drinks on five or more days in the past month) was 14 percent and the rate of current illicit drug use was 13 percent. Among nonsmokers, only 3 percent were heavy drinkers and 3 percent were illicit drug users (Figure 12).



o The rate of current smoking was highest in the 18-25 year old age group (35 percent) and the 26-34 year old age group (32 percent). Rates were 28 percent among adults age 35 and older and 19 percent among youths. More than 4 million youths 12-17 years old were smokers in 1994.



- Among adults (18 and older), men had somewhat higher rates of smoking than women, but rates of smoking were similar for males and females aged 12-17.
- o In 1994, no significant differences in smoking rates by race/ethnicity were found.
- The rate of current cigarette use was similar across regions, ranging from 25 percent to 30 percent in 1994. The rate of smoking was 27 percent in large metropolitan areas, 30 percent in small metropolitan areas, and 31 percent in nonmetropolitan areas.
- Level of educational attainment was correlated with tobacco usage. Thirty-eight percent of adults who had not completed high school were current smokers while only 16 percent of college graduates smoked.
- An estimated 6.8 million Americans (3.3 percent of the population) were current users of smokeless tobacco in 1994.
- The rate of smokeless tobacco use was significantly higher for men than for women in 1994 (6.1 percent vs. 0.7 percent). Nearly 90 percent of smokeless tobacco users were men.
- Current smokeless tobacco use was more prevalent among whites (3.8 percent) than among blacks (2.1 percent) or Hispanics (1.2 percent).

Substance Use Among Women of Childbearing Age in 1994

Our data strongly suggest that women reduce their use of substances during pregnancy, but resume use of some substances at almost the same rate once their children are born.

Procedure

The new NHSDA questionnaire includes a question asking women under age 45 whether they are currently pregnant. Based on these data, it is possible to study drug use patterns among pregnant women. Data on pregnant women were compared with data on three other subpopulations of women: all women of childbearing age (i.e., age 15-44), all women who have children under age 18, and all women age 12 and older.

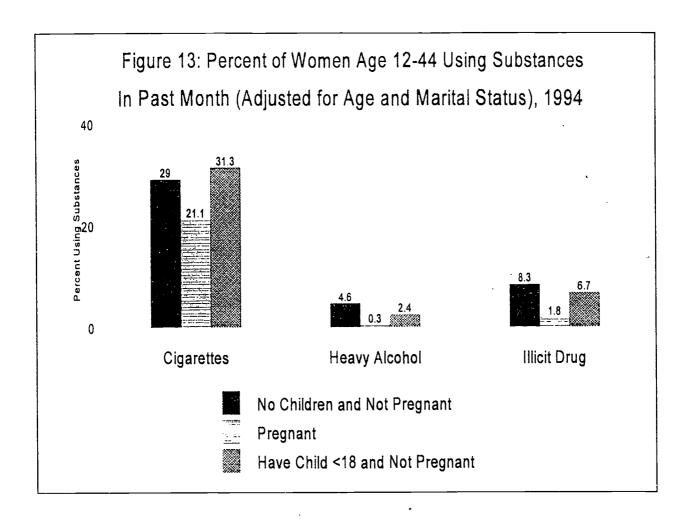
Reporting of pregnancy by NHSDA respondents appears reasonably accurate, producing an estimate of about 2.8 million pregnant women (based on 371 sample cases). This is close to the number of pregnant women on a given day that would be expected based on counts of live births from the birth registration system, and estimates of induced abortions and fetal loss rates (Ventura, Taffel, Mosher, et al 1995).



Results

- Pregnant women and other women of childbearing age are equally likely to have used licit and illicit substances at some time in their lives. Among all women age 15-44, 47 percent have ever used illicit drugs, compared with 46 percent among currently pregnant women.
- o Rates of past year alcohol and cigarette use also showed no differences between pregnant women and all women age 15-44.
- O However, pregnant women were significantly less likely to use alcohol (any use or heavy use), cigarettes, and illicit drugs in the past month than other women of childbearing age. This is evidence that most substance-using women reduce their use during pregnancy.
- O Among pregnant women, 1.8 percent used an illicit drug within the past month, compared with 6.7 percent of all women aged 15-44. Among all women with children, the rate is 5.2 percent, suggesting that many drug using women resume their drug use after their pregnancy. This finding supports efforts to intervene with pregnant substance abusers.
- O A similar pattern is seen for use of alcohol and cigarettes. Fifty-four percent of women age 15-44 were current drinkers, but 23 percent of pregnant women were drinkers in the past month. The rate of heavy alcohol use was 5.9 percent among women 15-44, but only 0.3 percent among pregnant women. The data indicate that pregnant women have more difficulty trying to reduce their cigarette use than their alcohol or illicit drug use. Twenty-one percent of pregnant women were current smokers compared with 31 percent of all women age 15-44.
- O We tested these results to make certain that age and marital status differences did not account for them (Women without children are generally younger and less likely to be married than pregnant women; women with children are generally older than pregnant women). The patterns persist after adjusting for differences in the age and marital status distribution of pregnant women, nonpregnant women with children, and nonpregnant women without children. This adjustment was made to the data for nonpregnant women, making their distribution similar to that of pregnant women. For example, after adjusting for age and marital status, 8.3 percent of nonpregnant women with no children were current illicit drug users in 1994, and 6.7 percent of nonpregnant women with children were current illicit drug users (Figure 13).
- Adjusted rates of lifetime use indicate that pregnant women, nonpregnant women with children, and nonpregnant women without children have similar patterns. Rates of illicit drug use were 46 percent, 47 percent, and 49 percent for these three groups respectively.





Drug Attitudes in 1994

In addition to data on the use of drugs, the NHSDA also collects data on respondents' perceptions of the risk of harm of using drugs and the availability of drugs. For this report, perceived risk of harm is presented as the percent reporting that they perceive great risk of harm in using the drug at a specified level of frequency. Perceived availability is measured as the percent reporting that obtaining the drug is either very easy or fairly easy.

A detailed analysis of these data, covering the period 1985-1992, was included in Advance Report Number 5 (SAMHSA 1994). That report demonstrated that the NHSDA and other studies show that drug use is correlated with attitudes and beliefs about drugs. Rates of drug use in the NHSDA were much higher in populations that did not perceive great risk of harm than in populations that did perceive great risk of harm. Because it is a risk factor that can potentially be influenced by prevention activities that educate the public about the health consequences of drug use, perceived risk of harm is an important measure to track.



The survey also collects data on respondents' observations of drug-related activity in their neighborhood and elsewhere. This includes whether the respondent has been approached within the past month by someone selling drugs, how often the respondent has seen people selling drugs in the neighborhood, and how often the respondent has seen people drunk or high on drugs in the neighborhood. Data from these questions not only provide a different measure of the magnitude of the drug problem, but also describe how exposure to the drug problem varies across different segments of the population.

- o In 1994, 40 percent of the population believed there is great risk of harm in using marijuana occasionally, while 59 percent believed there is great risk in using marijuana regularly. The majority of the population believed there is great risk in trying cocaine, PCP, or heroin once or twice.
- Only about half of youths 12-17 years old perceived great risk of harm in having five or more drinks once or twice a week and in smoking one or more packs of cigarettes per day.
- o In 1994, 61 percent of the population reported that marijuana was easy for them to get. Forty-three percent reported that cocaine was easy to get. The percentages reporting that LSD, PCP, and heroin were easy to get were 33, 29, and 31, respectively.
- o In 1994, 6.2 percent of the population reported having been approached in the past month by someone selling drugs. This percent ranged from 7.2 percent in large metropolitan areas to 4.3 percent in nonmetropolitan areas.
- O Blacks and Hispanics were more likely than whites to report having been approached by a drug seller. Rates were 10.6 percent for blacks, 9.7 percent for Hispanics, and 5.1 percent for whites.
- o In 1994, 9.5 percent of the population reported that they see people selling drugs in their neighborhood occasionally or more often. Rates were higher in large metropolitan areas (12.2 percent) than in small metropolitan areas (7.2 percent) and nonmetropolitan areas (7.6 percent).
- o Blacks and Hispanics were much more likely than whites to report having observed drug selling in their neighborhood. In 1994, 31 percent of blacks and 18 percent of Hispanics reported seeing people selling drugs occasionally or more often in their neighborhood, compared with only 5 percent of whites.
- O Twenty-seven percent of the population reported seeing people who are drunk or high on drugs occasionally or more often in their neighborhood in 1994. In contrast to rates of seeing drug selling, the percentage seeing people drunk or high was similar in large metropolitan areas (27 percent) and in nonmetropolitan areas (31 percent).



5. DISCUSSION OF RESULTS

The 1994 National Household Survey on Drug Abuse provides a comprehensive description of substance use and abuse in the United States. Despite its limitations, such as limited coverage of some populations, possible underreporting of drug using behavior by respondents, and low precision for small population subgroups and rare behaviors, the NHSDA provides reliable information to assess trends, patterns, and relationships associated with substance abuse. The data are most useful when studied in conjunction with other available data sources, each one produced independently and with its own strengths and limitations.

The 1994 NHSDA data suggest that the significant declines in the prevalence of illicit drug use that occurred throughout the 1980s are not occurring in the 1990s. Furthermore, the NHSDA shows that increases in illicit drug use have occurred among youths, a finding that has been clearly evident in data from the Monitoring the Future Study (MTF).

The MTF and the NHSDA both show that perceived risk of harm in using drugs, a key correlate of drug use, has decreased among youths in recent years, and that drugs are easily accessible to young people. Both surveys show increases in youths' perceived availability of marijuana from 1992 to 1994.

This recent upturn in illicit drug use among youths has important implications for substance abuse prevention and treatment efforts. In terms of prevention, there is an obvious need to focus immediate attention on children and adolescents. In the long run, the increasing proportion of young people using drugs will probably result in continuing pressure on the substance abuse treatment system in future years, as many new drug users progress to addiction and require more intervention.

Evidence of the long term impact of high rates of initiation among young people is found in another prominent trend seen in the NHSDA data, the aging of the drug using population. While young people today continue to initiate illicit drug use at increasing rates, they are still doing so at much lower rates than young people in the 1970s (Gfroerer and Brodsky 1992). Those cohorts who were teenagers and young adults in the 1960s and 1970s are now older, and although most no longer use illicit drugs, many still do. This aging cohort is having an increasing effect on the "35 and older" age group shown in NHSDA reports. Thus, rates of use in this age group remain steady and the overall proportion of drug users that are age 35 and older continues to increase (from 10 percent of users in 1979 to 29 percent of users in 1994).

Many of the drug users in this aging cohort are believed to have severe drug problems. This may partly explain the continuing rise in hospital emergency room episodes, which are more likely to involve heavy users than occasional users, and are more likely to involve cocaine and heroin users than those who use only marijuana. Cocaine-related emergency room visits have increased from 5,000 in 1981 to 29,000 in 1985 (the peak year for cocaine prevalence in the NHSDA) to 123,000 in 1993. Heroin-related emergency room visits have increased from 12,000 in 1979 to 63,000 in 1993 (SAMHSA 1994). Data on drug-related hospital emergency room episodes also show the impact of the aging cohort of drug users. In 1979, 12 percent of patients with



cocaine-related episodes were age 35 or older. By 1985 the proportion was 19, and by 1993 38 percent were 35 or older. It should be mentioned that the emergency room statistics cannot provide a complete picture of heavy drug use. As the above estimates suggest, only a small, nonrepresentative proportion of cocaine and heroin users account for drug-related emergency room episodes.

As noted, NHSDA data have limitations with respect to estimating heavy drug use. Therefore, estimates should be considered to be conservative, and changes over time are generally not statistically significant. Other researchers have estimated that there are over 2 million frequent cocaine users and over a half million heroin addicts in the U.S. (Rhodes 1993). These estimates were developed by using various data sources and making a number of assumptions (many of which are of uncertain validity).

It is clear that there is considerable uncertainty about the size of the heavy drug using population. Despite the limitations of all available measures of heavy drug use, it is clear that there continues to be a large population of these drug users who began using drugs a number of years ago and have progressed to more problematic use. They are placing an increasing burden on the health care system as they get older and the long-term effects of their drug use emerge. While many of these users are able to reduce their use through treatment, the overall number of heavy users seems to be remaining steady as younger cohorts of drug users also progress and become addicted, adding to the pool of heavy drug users that will need treatment for their problem.



APPENDIX 1: DESCRIPTION OF THE SURVEY

I. Sample Design

The sample design of the survey has changed over time, but it has always been representative of the US general population age 12 and older and has always oversampled youths and young adults. The 1994 NHSDA employed a multistage area probability sample of 22,181 persons. This included 4,372 respondents to the 1994-A questionnaire and 17,809 respondents to the 1994-B questionnaire. The first stage of selection is a sample of 127 Primary Sampling Units (PSUs), each consisting of counties (administrative subdivisions of States) or groups of counties such as metropolitan areas. Within these PSUs, segments (such as city blocks or enumeration districts) are selected. In 1994, 2,060 segments were selected, and in each of these segments a listing of all addresses was made, from which a sample of 84,890 addresses was selected. Of these, 72,487 were determined to be eligible sample units. In these sample units (which can be either households or units within group quarters), sample persons were randomly selected (with unequal probabilities) using a screening procedure carried out by interviewers.

About 20 percent of the 84,890 selected addresses were designated to employ the 1994-A questionnaire, with the remainder being designated to employ the 1994-B questionnaire. To maximize the precision of the sample for comparisons between the A and B version data, positive covariance between A and B estimates was created by allocating questionnaire versions within segments. Thus, about 20% of addresses in each segment were assigned the A questionnaire. To maximize the ability to detect significant differences between estimates from 1993 and 1994-A samples, positive covariance between these estimates was also created by using many of the same sample segments in both years.

The 1994 NHSDA sampled segments were allocated equally into four separate samples, one for each three month period during the year, so that data collection for the survey is essentially continuous. By assigning the appropriate selection probabilities at the PSU, segment, and person levels, oversampling of certain subpopulations of interest is accomplished. In 1994, these subpopulations were young people (age 12-34), African-Americans, Hispanics, and people residing in nonmetropolitan rural areas. Supplemental funding from the U.S. Department of Agriculture made this rural oversampling possible. Persons age 18-34 identified as current cigarette smokers by the household screening respondents were also oversampled. Oversampling of six metropolitan areas that had been done during 1990-1993 was not done in 1994.

Although they are not oversampled, the survey does include persons living in noninstitutional group quarters when these units fall into the sample. This primarily consists of students living in dormitories, but also includes some homeless persons who are living in shelters at the time that the shelter addresses are screened.



II. Data Collection Methodology

The data collection method used in the NHSDA is to conduct in-person interviews with sample persons, incorporating procedures that would be likely to maximize respondents' cooperation and willingness to report honestly about their illicit drug use behavior. Introductory letters are sent to sampled addresses, followed by an interviewer visit. A five-minute screening procedure involves listing all household members along with their basic demographic data and possible selection of sample person(s). This selection process is designed to provide the necessary sample sizes for specified population groups by selecting either 0, 1, or 2 persons per household, depending on the composition of the household.

Interviewers attempt to conduct interviews in a private place, away from other household members. The interview averages about an hour, and includes a combination of interviewer-administered and self-administered questions. With this procedure, the answers to sensitive questions (such as those on illicit drug use) are recorded by the respondent and not seen or reviewed by the interviewer. After these answer sheets are completed, they are placed by the respondent in an envelope, which is sealed and mailed to the contractor, Research Triangle Institute, with no personal identifying information attached.

III. Data Processing

Upon receipt; questionnaires are checked for critical identification and demographic data, then keyed to disk. This creates a file consisting of one record for each completed interview. Extensive within-record consistency checks and resolution of most inconsistencies and missing data are done using machine editing routines, called logical imputation. For some key variables that still have missing values after the application of logical imputation, statistical imputation is used to replace the missing data with appropriate valid response codes. Two types of statistical imputation procedures are used. Hot-deck imputation involves the replacement of a missing value with a valid code taken from another respondent who is "similar" and has complete data. Logistic regression models are also used to determine replacement values for some variables.

Each record (i.e., respondent) is assigned an analysis weight which incorporates:

- a. The inverse of the selection probability for the respondent. This is the product of the inverses of selection probabilities at each stage of sampling.
- b. Adjustments for household and person-level nonresponse.
- c. Poststratification adjustment to Census projections (of the civilian noninstitutionalized population of the total U.S.) for the midpoint of each NHSDA data collection period. Adjustments are made to age, sex, and race/ethnicity distributions (see Appendix 2 for a discussion of the poststratification adjustment).



Data are generally released to the public about six months after the end of data collection. Public use data files are available 1-2 years after completion of data collection.

IV. Preliminary Versus Final Estimates

Estimates presented in this report are considered preliminary because they are based on the initial weighting, editing, and imputation procedures implemented immediately after data collection was completed (December 1994). Further analyses of the 1994 NHSDA data and evaluation of the estimation procedures is ongoing, and may result in revisions in later data releases. However, if no such revisions are deemed necessary, final estimates will be the same as the preliminary estimates presented in this report. Final estimates will be published in Population Estimates, which will be available later this year and in Main Findings, which will be published in 1995. SAMHSA will also release additional analyses from the 1994 NHSDA through additional Advance Reports and other published reports.



APPENDIX 2: LIMITATIONS OF THE DATA

I. Target Population

An important limitation of the NHSDA estimates of drug use prevalence is that they are only designed to describe the target population of the survey, the civilian noninstitutionalized population. Although this includes more than 98% of the total U.S. population, it does exclude some important and unique subpopulations who may have very different drug-using patterns. The survey excludes active military personnel, who have been shown to have significantly lower rates of illicit drug use. Persons living in institutional group quarters, such as prisons and residential drug treatment centers, are not covered in the NHSDA and have been shown in other surveys to have higher rates of illicit drug use. Also excluded are homeless persons not living in a shelter on the survey date, another population shown to have higher than average rates of illicit drug use. Appendix 3 describes other surveys that provide data for these populations.

II. Sampling Error and Statistical Significance

The sampling error of an estimate is the error caused by the selection of a sample instead of conducting a census of the population. Sampling error is reduced by selecting a large sample and by using efficient sample design and estimation strategies such as stratification, optimal allocation, and ratio estimation.

With the use of probability sampling methods in the NHSDA, it is possible to develop estimates of sampling error from the survey data. These estimates have been calculated for all prevalence estimates presented in this report using a Taylor series linearization approach that takes into account the effects of the complex NHSDA design features. The sampling errors are used to identify unreliable estimates and to test for the statistical significance of differences between estimates.

Estimates considered to be unreliable due to unacceptably large sampling error are not shown in this report, and are noted by asterisks (*) in the tables in the appendix. The criterion used for suppressing estimates was based on the relative standard error (RSE), which is defined as the ratio of the standard error over the estimate. The log transformation of the proportion estimate (p) was used to calculate the RSE. Specifically, rates and corresponding estimated number of users were suppressed if:

RSE[-
$$\ln(p)$$
] > 0.175 when $p \le .5$ or RSE[- $\ln(1-p)$] > 0.175 when $p > .5$.

Statistical tests of significance have been computed for comparisons of estimates from 1993 with 1994-A. Results are shown in the appendix 5 tables. As indicated in the footnotes, significant differences are noted by "a" (significant at the .05 level of significance) and "b" (significant at the .01 level of significance). All changes described in this report as increases or decreases were tested and found to be significant at least at the .05 level.



Nonsampling errors such as nonresponse and reporting errors may affect the outcome of significance tests. Also, keep in mind that while a level of significance equal to .05 is used to determine statistical significance in these tables. large differences associated with slightly higher p-values (specifically those between .05 and .10) may be worth noting along with the p-values. Furthermore, statistically significant differences are not always meaningful, because the magnitude of difference may be small or because the significance may have occurred simply by chance. In a series of twenty independent tests, it is to be expected that one test will indicate significance merely by chance even if there is no real difference in the populations compared. In making more than one comparison among three or more percentages (comparing percentages within a table), there has been no attempt to adjust the level of significance to account for making simultaneous inferences (often referred to as multiple comparisons). Therefore, the probability of falsely rejecting the null hypothesis at least once in a family of k comparisons is higher than the significance level given for individual comparisons (in this report, either .01 or .05).

When making comparisons of estimates for different population subgroups from the same data year, the covariance term, which is usually small and positive, has typically been ignored. This results in somewhat conservative tests of hypotheses that will sometimes fail to establish statistical significance when in fact it exists.

III. Nonsampling Error

Nonsampling errors occur from nonresponse, coding errors, computer processing errors, errors in the sampling frame, reporting errors, and other errors. Nonsampling errors are reduced through data editing, statistical adjustments for nonresponse, and close monitoring and periodic retraining of interviewers.

Although nonsampling errors can often be much larger than sampling errors, measurement of most nonsampling errors is difficult or impossible. However, some indication of the effects of some types of nonsampling errors can be obtained through proxy measures such as response rates and from other research studies.

Of the 72,487 eligible households sampled, 67,970 were successfully screened for a screening response rate of 93.8%. Screening response rates were 93.8% for both questionnaire versions. In these screened households, a total of 28,499 sample persons were selected, and completed interviews were obtained from 22,181 of these sample persons, for an interview response rate of 77.8%. Interview response rates were 76.5% for 1994-A and 78.2% for 1994-B. Overall, 2,859 (10.0%) of sample persons were classified as refusals, 2,135 (7.5%) were not available or never at home, and 1,337 (4.7%) did not participate for various other reasons, such as physical or mental incompetence or language barrier. Response rates were highest in younger age groups. Response rates were also higher among Hispanics (80%) and blacks (78%) than among whites (76%).

Among survey participants, item response rates were above 98% for most questionnaire items. However, inconsistent responses for some items, including the drug use items, are common. Estimates of drug use from the NHSDA are based on the responses to multiple questions by respondents, so that the maximum amount of



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information is used in determining whether a respondent is classified as a drug user. Inconsistencies in responses are resolved through a logical editing process that involves some judgement on the part of survey analysts and is a potential source of nonsampling error. A typical occurrence is when a respondent reports their most recent use of a drug as more than a month ago, but in a later question they report having used in the past month. This respondent would be considered a past month user. In the 1994-A NHSDA, 20.4% of the estimate of past month marijuana use and 40.4% of the past month cocaine use estimate is based on such cases. This compares with 21.8% and 35.1%, respectively, for the 1994-B data. Another example is respondents who report use of a drug in the past year but fail to report their frequency of use. For these cases, statistical imputation is used to assign frequency of use. This imputation was necessary for 19.1% of past year marijuana users and 30.9% of past year cocaine users in the 1994-A data. However, in the 1994-B data, 2.6% of past year marijuana users and 3.9% of past year cocaine users required imputation for frequency. (These substantially lower error rates in the 1994-B data are primarily due to the new editing procedure, which uses only core data items to determine whether a respondent is a past year user. The 1994-A editing used a more extensive set of items in determining past year use, which resulted in more past year users with inconsistent or missing data.) These comparisons between the two questionnaire version indicate the improved reliability of estimates from the new NHSDA questionnaire.

NHSDA estimates are based on self-reports of drug use, and their value depends on respondents' truthfulness and memory. Although many studies have generally established the validity of self-report data and the NHSDA procedures were designed to encourage honesty and recall, some degree of underreporting is assumed. Except for the special estimates of heavy drug use given in section 5, no adjustment to NHSDA data is made to correct for this (Appendix 4 lists a number of references addressing the validity of self-reported drug use data). The methodology used in the NHSDA has been shown to produce more valid results than other self-report methods (e.g., by telephone) (Turner, Lessler, and Gfroerer 1992; Aquilino 1993). However, comparisons of NHSDA data with data from surveys conducted in classrooms suggest that underreporting of drug use by youths in their homes may be significant (Gfroerer 1993).

IV. Estimation of Heavy Drug Use

While the NHSDA collects data on what is referred to as "hard-core" drug use (e.g., heroin use, frequent cocaine use), the survey design is less suited to estimate these behaviors. The limitations that preclude more accurate estimates are primarily the sample size, coverage, and the use of a self-report. Because heavy drug use is relatively rare in the general population, the NHSDA captures a small number of these users, resulting in a relatively large sampling error. In addition to this instability resulting from the small sample, underestimation is believed to occur because many heavy drug users may not maintain stable addresses and, if located, may not be available for an interview. Finally, as with all NHSDA respondents, heavy drug users who participate in the survey may not always report their drug use accurately during the interview.

A new estimation procedure was designed at OAS to produce improved estimates of heavy drug use (Wright, Gfroerer and Epstein 1995). This procedure uses external counts of the number of people in treatment for drug problems (from the National Drug



and Alcoholism Treatment Unit Survey) and the number of arrests for non-traffic offenses (from the F.B.I.'s Uniform Crime Reports) to adjust NHSDA data. This ratio estimation procedure provides a partial adjustment that accounts for undercoverage of hard-to-reach populations and also adjusts for underreporting of drug use by survey respondents. However, it does not reduce sampling error.

Since data on arrests were not collected in the 1994-B questionnaire, ratio-adjusted estimates are generated from the 1994-A sample. Based on this procedure, the estimated number of weekly cocaine users in 1994 was 802,000, compared with the unadjusted estimate of 659,000 from the 1994-A data. The adjusted number of past year heroin users was 498,000, compared with an unadjusted estimate of 349,000. The following table shows the unadjusted and adjusted estimates, including estimates from 1992. The 95% confidence intervals shown make it clear that no conclusions about increases or decreases in heavy drug use can be drawn from these estimates:

Estimates of Number of Past Year Heroin Users and Weekly Cocaine Users

·	1992	1994-A
	Estimate 95% (in 1000s) Confidence Interval	Estimate 95% (in 1000s) Confidence Interval
Past Year Heroin Use		·
Unadjusted Adjusted	323 (222 - 471) 603 (424 - 856)	349 (147 - 827) 498 (202 - 1,226)
Weekly Cocaine Use	·	
Unadjusted Adjusted	642 (487 - 847) 877 (689 - 1116)	659 (389 - 1116) 802 (455 - 1413)

V. Poststratification

The 1993 and 1994 NHSDA estimates in this report are the first from the survey to utilize population projections based on 1990 Census data in the poststratification adjustment. The impact on trends of this change in estimation (1992 and prior NHSDAS are poststratified to projections based on 1980 Census data) has been analyzed and found to be small overall, but substantial for some population subgroup estimates of the number of users.

The analysis of the impact of the change was done by computing 1993 NHSDA estimates using 1980-based adjustments and comparing them to the 1990-based estimates. The following table shows some of these comparisons.



Estimates of past month drug use prevalence in 1993 using 1980 census-based post-stratification adjustment and 1990 census-based post-stratification adjustment.

	Rates	of Use	Number of (1,000	
	1980 Census	1990 Census	1980 Census	1990 Census
Past Month Any Illicit Drug Use				
Total	5.66%	5.65%	11,771	11,705 .
12-17 18-25 26-34 35+	6.65 13.58 8.64 2.75	6.60 13.47 8.53 2.75	1,408 3,763 3,257 3,344	1,400 3,816 3,171 3,318
White Black Hispanic Other	5.51 6.79 6.23 3.75	5.51 6.76 6.21 3.83	8,805 1,622 1,086 259	8,695 1,555 1,148 307
Past Month Cocaine Use				
Total	0.63	0.63	1,302	1,307
12-17 18-25 26-34 35+	0.39 1.51 0.99 0.35	0.39 1.52 0.97 0.36	83 419 374 427	83 429 362 434
White Black Hispanic Other	0.49 1.31 1.08	0.49 1.30 1.11	781 312 189	769 298 205 *

The effect on rates of use is inconsequential. In terms of the estimates presented in this report, which show rates rounded to the nearest tenth of a percent, both poststratification adjustments result in the same estimated rate. In a few cases, the change to the 1990-based projections caused an increase or decrease of one tenth of a percent in the rate. The most pronounced effect of the shift to the 1990-based projections occurs for estimates of the number of users in certain population subgroups. such as race/ethnicity groups. Compared with the 1980-based projections of the size of the population, the 1990-based estimates show fewer whites, fewer blacks, more Hispanics, and more "other races". The updated projections also showed more young adults. These discrepancies could be due to such factors as the failure to account for net migration of foreign students in the 1980-based projections. A more complete analysis of the effect of the new census projections on NHSDA estimates is being prepared. At this point, it is important to recognize that changes between 1992 and 1993 in estimates of the number of drug users by race/ethnicity and other variables may be an artifact of the shift to the new census projections in the NHSDA poststratification adjustment.

VI. Cautions Regarding Trends Among Blacks

There was an unusual pattern of decline among blacks in the use of both licit and illicit drugs between 1991 and 1992. These declines were especially surprising in the lifetime drug use estimates because only one calendar year has passed between the 1991 and 1992 surveys, rendering the target populations for the two surveys essentially the same. Furthermore, any changes in lifetime use of illicit drugs should generally be upward because of the aging of the drug using cohorts who remain "lifetime users" in each successive survey.

Because of concerns about these unusual results found in the 1992 data, OAS formed a Peer Review Committee (PRC) to evaluate the results and make recommendations about their release and publication. The PRC included drug abuse researchers, survey design experts, and health statisticians within the Public Health Service who were familiar with the NHSDA.

The PRC identified and explored a series of possible methodological and substantive causes for the observed changes in drug use. The consensus of the PRC was that "the observed differences between 1991 and 1992 cannot be explained by a single factor, although several small differences were found among the factors examined." The committee concluded that "the design and procedures for sampling, weighting, editing, and imputing the survey results are statistically sound," and stated that "the unexpected decrease in lifetime drug use among blacks is an example of what can occasionally occur in survey estimates, particularly when a large number of different estimates are generated and comparisons are made." They concluded that "some of the decline in current drug use in 1992 is likely to reflect a real decline." The full report prepared by the PRC is available from OAS upon request.



APPENDIX 3: OTHER SOURCES OF DATA

A variety of other substance abuse surveys are useful in providing the context for the NHSDA, and are discussed below.

I. Other National Surveys of Illicit Drug Use

Monitoring the Future (MTF) is an annual school survey of 8th, 10th, and 12th graders with college and young adult followups, conducted by the University of Michigan, Institute for Social Research, under a grant from NIDA. The survey is conducted every spring. The 1994 results were released in a press release in December 1994 (U.S. DHHS 1994) and the final report from 1994 is expected in 1995. For all three grades combined, there were about 420 public and private schools and about 50,000 students in the sample, for an average of approximately 140 schools and 17,000 students per grade (Johnston, O'Malley, and Bachman 1994).

Comparisons between the MTF and the students sampled in the NHSDA have generally shown NHSDA prevalences to be lower than MTF estimates, with the relative differences being largest for 8th graders. The direction of the estimates of change from year to year among 12th graders have generally been similar. Both surveys have shown significant increases in marijuana use among adolescents between 1992 and 1994. The lower prevalences in the NHSDA may be due to more underreporting in the household setting than in the MTF school setting. MTF does not survey dropouts, a group shown (using the NHSDA) to have higher rates of use (Gfroerer 1993). For a single grade, the NHSDA sample sizes are much smaller than the MTF sample sizes.

The National Comorbidity Survey (National Survey of Health and Stress) was a 1991 household survey of persons aged 15-54 which collected data on drug abuse and mental health. The study was designed to provide nationally representative estimates of psychiatric disorders (including substance abuse), as defined by DSM-III-R criteria. It included about 8,000 households and was conducted by the Institute for Social Research under a grant from the National Institute for Mental Health with additional support from NIDA. Initial results have been published (Kessler et al 1994), and further analyses are in progress, including a comparison of drug use prevalence and drug dependence estimates from the two surveys (Epstein and Gfroerer 1995).

Another recent study of illicit drug use is the Drug Supplement on the 1991 National Health Interview Survey (NHIS). This supplement was funded by the National Institute on Drug Abuse, and has the potential of providing important data on the relationship between drug use and health status. It also included questions designed to provide estimates of DSM-III-R abuse and dependence on marijuana and cocaine. The supplement covered adults aged 18-44. Comparisons with NHSDA estimates show significantly lower reported rates of use of marijuana and cocaine in the NHIS (Keer et al 1994).

In 1992, the NHIS was also used as sampling base for conducting the Youth Risk Behavior Survey (YRBS), a nationally representative sample of youth aged 12-21 years. The YRBS collects data on the prevalence of a variety of unhealthy behaviors, including



alcohol, cigarette, marijuana, and cocaine use. This survey used a unique data collection method that allowed respondents to listen to tape recorded questions and record answers on an answer sheet that did not allow observers to match the answers with questions. This procedure was intended to maximize the privacy of youths' responses and therefore improve the reporting of sensitive behaviors. In general, the survey found higher rates of alcohol, cigarette, marijuana, and cocaine use for youths than were found in the 1992 NHSDA (Adams et al 1995).

The National Pregnancy and Health Survey (NPHS) was conducted in 1992-1993. Sponsored by NIDA, it was the first probability survey specifically designed to provide extensive information on the nature and extent of substance abuse among women delivering live-born infants in the U.S. The results were released on September 12, 1994 at a press briefing held at NIDA's Conference on Drug Addiction and the Health of women. A final report is expected some time in 1995. A random sample of 2,613 mothers delivering live borns at hospitals, selected to represent over 4 million women delivering live borns, was interviewed between 6 and 36 hours after delivery (while they were still in the hospital) about their use of substances during pregnancy. The survey estimated that 5.5 percent of all women delivering live borns had used illicit drugs at some time during their pregnancy. Alcohol was used by 18.8 percent and cigarettes were used by 20.4 percent. Consistent with the NHSDA, the NPHS found that while 4.6 percent of these women had used marijuana during the past 12 months (defined as use during pregnancy or use in the three months before their pregnancy), only about 1.5 percent used marijuana during the second and third trimesters of the pregnancy. The NHSDA found that while 8.2 percent of pregnant women reported use of marijuana in the past year, only 1.5 percent reported use in the past month.



II. Alcohol and Cigarette Use Surveys

Two recent surveys with information on the use of cigarettes and alcohol are the 1992 National Health Interview Survey-Cancer Control and Epidemiology Supplements (NHIS-CCES) and the National Longitudinal Alcohol Epidemiologic Survey (NLAES).

The results of the NHIS-CCES were published in May 1994 (CDC 1994). This survey of approximately 24,000 adults was conducted by the Bureau of the Census for the National Center for Health Statistics. The survey estimated that, in 1992, 26.5 percent of the population age 18 and over were current smokers. Current smokers are defined as those who have smoked at least 100 cigarettes in their lifetime and answer that they currently smoke, including those who smoke only on some days. This definition is somewhat different from the NHSDA definition of current smoking (any use in the past month) which resulted in a prevalence of 28.1 percent for adults in 1992. The 1994 estimate for adults was 24.9 percent, based on the 1994-A sample. However, the estimate from the 1994-B sample, which uses a self-administered answer sheet, was 29.8 percent.

The Surgeon General's Report on Smoking and Health (US DHHS 1994b) included smoking prevalence data from a number of sources, including the NHSDA. Comparisons between the various sources were made and methodological differences were assessed. These comparisons were based on NHSDA data prior to 1994, which were based on the interviewer-administered smoking questions, and thus show low rates of smoking in the NHSDA, particularly among youth.

Alcohol supplements sponsored by the National Institute on Alcohol Abuse and Alcoholism (NIAAA) and included on the NHIS have also provided estimates of alcohol use, including DSM-III-R abuse and dependence (Grant et al 1991).

NLAES was conducted by the Bureau of the Census for the NIAAA in 1992. Face-to-face interviews were conducted with 42,862 respondents age 18 and older in the contiguous U.S. It was designed to study the drinking practices, behaviors, and related problems in the general public. The survey included an extensive set of questions designed to assess the presence of symptoms of alcohol abuse and dependence during the prior 12 months, based on the criteria from the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) (American Psychiatric Association 1994). NLAES estimated that 4.4 percent of adults were alcohol dependent and another 3.0 percent were classified as abusing alcohol, but not dependent, within the past year (Grant et al 1995).



III. Surveys of Populations Not Covered by the NHSDA

The Washington, D.C. Metropolitan Area Drug Study (DC*MADS) was designed to (1) estimate the prevalence, correlates, and consequences of drug abuse among all types of people residing in one metropolitan area of the country during one period of time and (2) to develop a methodological model for similar types of research in other metropolitan areas of the country. Sponsored by the National Institute on Drug Abuse and conducted in 1991 and 1992, the project focused on hard-to-reach populations, such as adult and juvenile offenders, new mothers, and school dropouts. DC*MADS provided a replicable methodological approach for developing representative estimates of the prevalence of drug abuse among all population subgroups, regardless of their residential setting, in a metropolitan area. The key domains in DC*MADS were the homeless, the institutionalized, and the household. A major finding of DC*MADS was that, when data are aggregated for populations from each of the three domains, the overall prevalence estimates for use of drugs differ only marginally from those that would be obtained from the household population alone (i.e., from the NHSDA). However, for some categories of drug users, the nonhousehold population was found to include a substantial proportion of users. About 20 percent of past month crack users, 20 percent of past year heroin users, and one-third of past year needle users were found in the nonhousehold population (NIDA 1992; NIDA 1993; NIDA 1994a; NIDA 1994b).

The 1992 Worldwide Survey of Substance Abuse and Health Behaviors Among Military Personnel was sponsored by the Department of Defense and conducted by Research Triangle Institute. The survey interviewed 25,000 Armed Forces personnel worldwide. Military personnel exhibited lower rates of illicit drug use than the civilian population after controlling for sociodemographic composition of the two populations, but higher rates of cigarette smoking and heavy alcohol drinking (Research Triangle Institute 1992).

The Survey of Inmates of Local Jails (1989) is a sample survey of approximately 6000 inmates in 400 jails, conducted by the Bureau of the Census for the Bureau of Justice Statistics (BJS). BJS also sponsors a Survey of Inmates in State Correctional Facilities. Among other items, these surveys collect information on the use of drugs in the month before the offense for convicted inmates. The survey results indicate substantially higher rates of use among convicted inmates (BJS 1991; BJS 1993) than in the household population.



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APPENDIX 5: DETAILED TABLES



Estimated Numbers of Persons (in Thousands) in the U.S. Population Aged 12 and Older, by Age Group and Demographic Characteristics: 1994-B Table 1A.

Chalacici istics. 1774-15	115. 1774-13				
		AGE GRO	AGE GROUP (Vears)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
101 AL	21.773	28.027	36.588	123.023	209 411
RACT FIBNICITY					;
White	966 11	19.361	26.345	98.327	159.029
Black	1/03	3.500		8,487	19,112
Other	1.012	8nc 1	1351	404	7 905
Male Male Temale	11.137	13.872	17.890	\$7,447 65,566	100.365 109.046
POPL VIION POPL VIION POPL VIION					
I arge Metro	9 067	12.839	17.635	53,463	93.004
Commetto	1.963	6.065	6.421	28.268	46.317
RF GION Northeast	3.873	5.467	7,00,7	24.550	40.087
North Central	161.5	5,984	8,344 12 896	30.211	73 587
N to I	868 +	6.422	25.28	25.236	11 808
ADU 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					j
High School	Y/Z Z	015.6 01.01	1816	36.838	47 869
Some College	- V/Z	8.791	8.893	26,909	11.503
college (madnate	V / Z	3.571	10,392	29 655	43618
CURRINI IMPLOMENT				,	
1 all-time	< < Z	12 858	3.834	58.242	96.110 24.029
t nemployed	Z Z Z	2300	2,130	618 8	8308
CALLET	WAL	0.00			

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4011 The information in this table applies to tables 21 through 89
4.111 The population distributions for the 1993 and 1994 NHSDAs are post-straitfied to population projections of totals based on the 1990 decemnal cervity. The 1979 NHSDAs from 1982 through 1992 used projections based on the 1980 cervity. The change from one cervity base to another has little effect on estimated percentages reporting drug use, but may have ro CO

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acontacant effect on estimates of mumber of drug users in some subpopulation groups Scott 1 amates for 1991 B as derived from the NIISDA new version questionnaire

Peroring and the second on 1990 MSA classifications and their 1990 Census of Population counts.
Determined and current employment are longersons ared 12.12. Estimates for bothwalaft education and current employment are for persons ared. LTC Estimates for bothwalaft education and current employment are for persons ared. LTC Testimates for bothwalaft education and current employment are for persons ared. LTC Testimates for bothwalaft engineers and current employment are for persons ared. LTC Testimates for bothwalaft education and current employment are for persons ared.

SAMHSA Office of Applied Studies, National Household Survey, on Drug Abrice, 1994-18 í

Survey Sample Sizes, by Age Group and Demographic Characteristics: 1994-B Table 1N.

		AGE GROUP (Years)	UP (Years)			
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Fotal	— ¬
101 11	4,698	3,706	5.223	4.182	17.809	
RXC 1/ + 111/10/11/2						
White	2.249	1,735	2.594	2.085	8.663	
Black	1084	791	- 193 - 193	942	4010 1786	
Other	12.1	†6	129	28	· +	
/ 7						
Male Lemale	2.352	0 <u>5</u> 7.1 770.1	2 167 3.056	1.70 <u>5</u> 2.180	7.050	
POPULATION						
DE ASHA. Large Metro	2 347	1 901	2.714	2.044	900 6	
Small Actro Sommetro	1.356	1 022 783	+25.1 -085	1611	5 (99) 5 710	
KG10)						
Northeast	788	699	424	757	3.138	
Zouth Zouth	1.754	87/ 111:1	1667	929	767 s)	
Med	1.127	\$68	161'1	961	1.171	
VOLUE 101 C VII O V						
High School	K:N	1 055	1.233	1.064	3352	
This School Grad	₹-	1.378	+ CS	# CO		-
Sollie College College Chaduate	てえ	tor	\$ 96 \$ 1 1	867	17.7	
(1 RRI NI 1 MPLOS MI NI						
Luff time	V X	1 007	1.275	2.404	7,546	
Part-time	<u>-</u>	7.53		1 4 50	1.722	
catalpayed (aller)	ŻŻ		966	92.1	3.036	
1,4114.1	(2.11)	1 2 ,		T		

S V Set updacable

^{= 53.}

¹¹⁰³

ths internation in this tables of though 89.

He population chain that the 1993 and 1991 NISDAs are post-straitfied to population projections of totals based on the 1990 decennial cersus. The 1979 NISDA used propulation projections based on the 1980 cersus. The change from one census base to another has fulle effect on estimated percentages reporting dure use but may have a consistent of contract on estimates of number of drug users in some subpopulation groups.

NOTE: 3 Towards for 118 and derived from the NHSDA new version questionnaire

¹¹a1 on abilit chication and cirrent employment not shown for persons aged 12.17. Estimates for both abilit education and current employment are lor persons aged. 18 P. 1, Dr. n. den atv. is Gased on 1990 MSA classifications and their 1990 Census of Population counts.

years, SAMHAA Office of Applied Stadies, National Household Survey on Drup Abuse, 1994 B. Roser had benemaker student or fother?

50713 (117A)

Estimated Numbers of Persons (in Thousands) in the U.S. Population Ag d 12 and Older, by Age: 1979-1994 Table 2A.

Age Group	1979	1982	1985	1988	1990	1661	1992	1993	1994-A ¹	1994-B
lotal	180,343	186,440	192,605	198,347	201,188	202,859	. 205,713	207,199	209,411	209,411
D-17 Years Old	23.758	22.295	21.558	20,250	826,61	20,145	20.684	21,224	21.773	21.773
12.13	7,601	6.916	6.612	5,900	6,189	6,495	7,186	7.210	7.302	7.395
<u> </u>	8 103	7,472	7.832	7.043	6,827	7,039	876.9	7.360	7.348	7.682
10.17	8,053	7.907	7,114	7,308	6,962	6,611	6.520	6.654	7.122	0.090
OE > 18.7 > C.81	32.604	33.236	31.601	29,688	29,021	28,496	27.964	28.327	28.027	28.027
10.81	17.424	17,107	14.930	14,405	14,232	14,985	1.4.017	14.074	14,512	14,137
	15,180	16.129	16,671	15.282	14.788	13,511	13,947	14,253	13.516	13.890
06.34 Years Old	31.339	34.241	36,477	38,570	38,821	38,737	38,215	37,194	36.588	36.588
60-90	13.979	15.313	16.225	17,620	17,155	16,352	†9r y1	15.913	:4.200	15.351
TC 05	17,360	18,928	20.252	20,950	21,666	22,385	21,751	21.282	22.388	21,238
35 Years and Older	92.641	699'96	102,969	109,839	113,368	115,481	118,850	120,453	123,023	123.023
35.39	16.726	12.554	18.813	18,923	20,478	21.524	22,400	21.062	20,705	22.565
-	12.807	11.738	13.252	16,735	16.555	17,632	17,423	19.868	19,667	18.84
67.57	12.230	066.6	12.395	13.307	14,093	14,431	15.778	15.093	17.190	16,156
0.	50,879	62,387	58,510	60,874	62,243	61,893	63.250	64,431	65.460	05.460

The information in this table applies to tables 44 through 62

The population distributions for the 1993 and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1970 census, NHSDAs from 1982 through 29 used projections based on the 1980 census. The change from one census base to another has little effect on estimated

percentages reporting drag use, but may have significant effect on esc.es of number of drug users in some subpopulation groups.

For 1979–1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment of the 1979–1982, and 1985 NHSDA files. = 5/

1 annue, to 1991. A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Source SAMHSA Office of Applied Studies National Household Survey on Drug Abuse

Survey Sample Sizes, by Age: 1979-1994 Table 2N.

Age Croup	1079	1987	1985	1988	1000	1991	1992	. 8661	1661	1994-B
1	1 25	1073	1000	1 10 0	0.350	33 501	30.023	טאו אנ	773	008.71
lolal	+77,1	5,0.24	8,021	0,014	457,4	52,374	70,07	70,407	7/07	600,71
12-17 Years Old	2,165	1,581	2.230	3,095	2,177	8,005	7.254	876,9	1.119	4.698
12-13	67.1	515	699	925	407	2,632	2,466	2.380	†0 +	1.607
51-4-1	721	511	811	1,060	728	2,659	2,350	2.379	367	1.611
16-17	. 173	555	750	1,110	740	2,714	2,438	2,219	348	1.480
18-25 Years Old	2,044	1.283	1,812	1,505	2,052	7,937	7,721	5,531	902	3,706
18-21	1,016	546	8.43	759	666	1,060	3.817	2,700	181	5181
22-25	1,028	737	696	746	1,053	3,877	3,904	2,831	421	1.861
Oo 31 Years Old	1.064	1,571	2,166	1,987	2.355	8,126	7,516	8,342	1.347	5.223
26-29	502	693	066	668	1,045	3,554	3,317	3,300	515	2.080
30-34	562	878	1,176	1,088	1,310	4,572	4,199	5,042	832	3.143
35 Years and Older	1.951	1,189	1,813	2,227	2.675	8,526	6.341	5,638	1,004	4.18
35-39	132	861	324	614	543	1.862	1.824	1.739	280	31.5
t:t:-0t:	326	191	208	342	374	1,377	1,383	1,339	245	86
61 51	383	911 ,	178	265	331	1,026	1,284	1,108	218	998
0.	810	68.4	1,103	1,201	1,427	4,261	1,850	1,452	261	1,02

NOTE—The information in this table applies to tables 44 through 62.
NOTE—the population distributions for the 1993 and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decennial census. The 1979 MHSDA used population projections based on the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1980 decennial census and the 1970 census, NHSDAs from 1982 through 1992 used projections based on the 1980 decennial census.

percentages reporting drug use, but may have significant effect on estimates of number of drug users in some subpopulation groups.
For 1939–1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment. of the 1929-1982, and 1985 NHSDA files = 5

Francia, of 1994-A and priory cars are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Notice SAMIISA Office of Applied Studies National Household Survey on Drug. Abuse

PRELIMINARY DATA - AS OF JUNE 1995

50531 (6Å) lable 3A.

Estimated Numbers (in Thousands) of Lifetime Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994

Drug	1979	1982	1985	1988	0661	1661	1992	1993	1994-A1	1994-B
Any Illicu Drug	59,630	60,105	70,660	72,496	7.4,371	15,071	74,378	77,022	78.660	71.935
Marrinana and Hashish	54,007	57,369	60,883	65,748	66,507	67,379	67,525	69,923	71,454	65,229
Cocaine	15,624	21,873	21,611	21,171	22,739	23,396	22,603	23,494	20,314	21.821
Clack	1	:	;	2,483	2,757	3,898	2,798	3.749	3.768	4.042
Inhalants	12,577	;	13,506	11,261	10,296	10,953	9,785	10,900	10,734	12,178
Hallucmogens	15,426	16,364	12,735	14,607	15,339	16,381	16,437	18,054	16,964	18.217
, d.)d	;	7,110	5,642	6,133	5,950	7,307	8.216	8.412	9,023	5,911
(ISD)	;	ł	8.086	10,801	10,602	11.866	12,445	13,163	13.541	14.711
Herom	2,535	1,932	1,992	1,907	1,654	2,653	1.840	2,292	2,215	2.083
Nonmedical Use of Any										
Psychotherapeutic ⁵⁴	22,877	22,977	31,060	23,526	24,025	25,422	23,837	23,034	21.047	20.926
Stimulants	14.024	15,355	17.696	14,068	13,963	14,249	12,870	12,524	11.583	9.671
Sedatives	10,726	13,566	12,405	6.975	7,515	8,684	7,113	7.127	7,412	5.460
Lanquilizers	10,002	10,538	15,878	6,482	8,668	11,289	10,555	9.457	8,617	8,390
Analgesics	8.014	9,106	13,145	10,257	11,408	12,330	11,303	11.921	10,475	12,552
other than Marijuana	33,972	32,158	44,357	39,390	40,304	41,372	40,030	41,963	38.813	39,383
Akohol	161,101	161.043	165,351	. 168,498	167,380	171,710	170,685	173,304	178,551	176,290
Heavy Alcohol Use"	;	:	;	:	;	1	1	;	!	i
् । ध्रुवालील्ड	142,954	139,646	145,904	149,005	147,241	147,557	146,012	147,519	149,161	153,509
Smokeless Tobacco	:	;	:	29,467	28.372	28,555	30,262	26,493	31,510	36.042
Anabolic Steroids	;	;	1	;	1	1,042	685	746	0-17	1.08.1

^{*}Los precions no estimate reported

Lannac, for 1994. A and prior years are derived from the olds ersion questionnaire, those for 1994. B are derived from the news ceision questionnaire

1282 and 1985 MINDA files

5

Difference between 1993 and 1994. A is statistically significant at the 40 level

Seet as arbable

SOLE. The population distributions for the 1994 and 1994 WHSDAs are post startified to Current Population Survey (CPS) projections of totals based on the 1990 december 1992 used CPS projections based on the 1980 cansus. The change from one census base to another has fittle effect on estimated.

^{1911 1} or 1912 and 1935 in these tables the estimates reported here may differ from previously published estimates for those same years because or additional editing and weight adjustment of the 1979 percentages repeating drug use, but may have significant effect on estimates of mumber of drug users in some subpopulation groups

Senticely at use of marituana of hashish cocaine (including crack), inhalants, halfucinogens (including PCP), herom or psychotherapeutics at least once. Unhalants not included in 1982), connectivity of any prescription type stimulant, sedative, tranquilizer or analgesse does not include over the counter drups.

come deal accol cocame (including ctack) inhalants hallucinogens (including PCP) heroin or psychotherapeutics at least once includes marquana users who also have used any of the selected Farmers, of use of psychotherapeutics for 1979 and 1982 may not be comparable to other years or each other because different methodologies were used Heavy Akohol (9se is defined as drinking five or more drinks per day on each of five or more days in the past 30 days draws above not include users of marquana only. (Inhalants not included in 1982.)

Daten recent services (923 and 1994 A is statistically significant at the 40 level

SAMILSA, Office of Applied Studies, National Household Survey on Drug. Abuse 11111

50531 (6B)

PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting Lifetime Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994 Table 318.

Drug	6261	1982	1985	8861	0661	1661	1992	1993	1994-A	1994-B
Any Illicit Drug²	33.1	32.2	36.7	36.6	37.0	37.0	36.2	37.2	37.6	24.4
Marinana and Hashich	0 00	305	916	33.1	33.1	33.2	32.8	33.7	34.1	31.
Carriera and Hashish	× ×	11.7	: : :	10.7	11.3	11.5	11.0	11.3	7.6	101
(Tarch	: 1	: 1	!	 1.3	: - :	6.1	7 .	8.1	<u> </u>	6.1
Tuh dul	7.0	;	7.0	5.7	5.1	5.4	8.4	5.3	- - -	5.8
Hallucinosens	9.8	×.	9.9	7.4	7.6	8.1	0 8	8.7	 	8.7
d.)d		8:	2.9	3.1	3.0	3.6	4.0	- -	4.3	2.8
	:	: 1	4.2	5.5	5.3	5.8	0.9	1 .0	6.5	7.0
Herom	7 .	1.0	1.0	1.0	8.0	1.3	6.0	-	-	0.1
Nonn; edical Use of Any		-		-	=		7 1 1	=	3	00
Psychotherapeutic	17.7	1.3	10.1	6.11	y	C71	0.1.0		1.0.1	6.01
Stimulants	7.8	8 د:	9.2	7.1	6.9	7.0	6.3	6.0	C .	0.7
Sedatives	5.9	7.3	6.4	3.5	3.7	4.3	ج.ت ج.ت	3.4	3.5	5 6
Trangutlizers	5.5	5.7	8.2	4.8	£. 7	5.6	5.1	9.4	-) T
Analgestes	7.7	67	8.9.	5.2	5.7	0 1	5.5	%. %.	900	09
						•				
Any Illicit Drug other than Marijuana	8.8	17.3	23.0	661	20.0	20.4	19.5	20.3	18.5	8.8
Akohol	86)	86.4	85.9	. 85.0	83.2	84.6	83.0	836	85.3	c †:8
Heavy Alcohol Use	;	1	;	:	:	;	;	1	!	:
sajjaināi)	79.3	74.9	75.8	75.1	732	72.7	71.0	71.2	71.2	733
Smokeless Tobacco	:	;	;	6 †1	1.4.1	Ξ	1.17	12.8	150	17.2
Anabolic Steroids	:	;	;	:	;	0.5	0.3	0.4	0.3	6.5

Patoda alemas on more reported

Sectional des

NOTE: The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decembed census. The 1979 AHSDA used CS projections based on the 1970 census NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has fulle effect on estimated

percutares reporting drug use but may have significant effect on estimates of number of drug users in some subpopulation groups. rest and 1985 NHSDA lifes

i runal, toc 1994 V and prior years are derived from the old version questionnaire, those for 1994 B are derived from the new-version questionnaire. comodo at use of any prescription-type sumulant sedative tranquilizer or analyesic does not include over-the-counter drugs

weam there or covarie (including crack) inhalants hallucinopens (including PCP) heroin or psychotherapeutics at least once includes marquain users who also have used any of these first december of covaries (including crack) inhalants hallucinopens (including PCP) heroin or psychotherapeutics at least once includes marquain users who also have used any of these first december. From the of roc of psychotherapeutics for 1979 and 1982 may not be comparable to other years of each other because different methodologies were used

Here. Alcohol becen defined as dimking five or more drinks per day on each of five or more days in the past 30 days ton a day, and include users of marijuana only (inhalants not included in 1982)

SAMHSA Office of Applied Studies. National Household Survey on Drug Abuse Date no tectored 1993 and 1993 A is statistically significant at the 0's level 1937 in its between 1993 and 1993 A is statistically significant at the 04 level

Estimated Numbers (in Thousands) of Past Year Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994 Lable 44.

Drug	1979	1982	1985	1988	1990	1661	1992	1993	1994-A	1994-B
Any Illen Ding	35,434	35,159	35,737	27,971	26,809	25,783	22,862	24,437	25,922	22.663
Marguana and Hashish	32.604	31,995	28.590	21,099	20,454	19,235	17,400	18.573	19.212	17.813
Cocanne	0,881	12,004	11,293	8.208	6,247	6,065	4.973	4.530	3.889	3.664
Clack	:		:	1,026	1,029	1,021	805	966	778	1.258
Inhalants	4,583	ì	2,865	2,632	2,385	2,565	2.037	2,092	2.652	2,213
Hallucmogens	5,071	4.000	3,083	3.085	2,266	2,470	2,440	2,391	2.876	2.725
), d.)d	;	;	1,025	377	307	388	467	4-18	478	206
180	;	1	;	;	;	:	;	;	;	1.651
Herom	151	343	368	539	171	381	323	245	340	281
Nonnedical Use of Any	-	21011	000	11 200	275 8	9110	7.07.7	7 807	1170	450.4
Les enotherapeutic	#70°6	010,11.	756,41	7501	/0C.0	0,110	1677	1,077 1775 C	27.7	0000
Stunulants	0,00,0	7,255	966.7	1,00,4	5,109	7,0,7	1.981	7757	Q7+,-	<u> </u>
Sedatives	3,943	5,789	4.976	3,099	2,233	2,130	1.806	1.582	1.722	736
Iranquilizers	4,147	4,299	6.604	4,407	2.538	3,358	3.046	2.543	2,590	2,405
Analgesics	2,934	4,026	6,939	5.342	666`†	5,076	4.884	4.571	3,940	4,247
Any Hilsir Dram										
other than Marijuana	17,260	18,220	21,774	17,307	14,132	14,679	12,576	12.755	13.076	11.127
Alcohol	131,412	126,700	140,399	135,071	132,872	138,043	133.018	137,772	140,093	140.121
Heavy Alcohol Use	;	;	1	;	1	!	;	:	:	;
(क्रियालीएर	78,060	73,849	69,190	67,831	64,472	65,136	64,262	996.09	58.931	66,475
Smokeless Johacco	:	;	;	10,016	9.822	9,624	10,264	8,243	9,755	10.017
Anabolic Steroids	:	:	;	;	;	307	120	134	10	31.2

*Los precionon no estimate reported

Anten martine

11. The population distributions for the 1993 and 1994 NHSDAs are post stratified to Current Population Survey (CPS) projections of totals based on the 1990 decemnal census. The 1979 NHSDA used CPS projections based on the 1970 census. NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use but may have significant effect on estimates of nomber of drug users in some subpopulation groups

10 1 1 at 1932 and 1938 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustina in or the 1939 Famates for 1994 A and prior years are derived from the old-version questionnaire, those for 1994 B are derived from the new version questionnaire 1982, and 1985 NHSDA files

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Science de exemire (including crack) inhalants hallucinogens (including-PCP) becom or psychotherapeutics at least once includes marijuana users who also have used any of these fraction I more setting of psychotherapeutics for 1979 and 1982 may not be comparable to other years or each other became different methodologies were tried soon deal use of any prescription type stinuiant sedative tranquilizer or analysiste, does not melide over the counter drugs

commedical use of marifiama or hashish cocame (including crack), inhalants hallucrogens (including PCP) herom or psychotherapeuties at least once. (Inhalants not included in 1982)

H. re. Medial Use is defined as drawing five or more draws per day on each of five or more days in the part 30 days trace, does not include users of manquana only. (Inhalants not included in 1982.)

SAMILS VOTING of Applied Studies, National Household Survey on Drug Abuse Datterne, tertween 1993 and 1993 A is statistically significant at the 05 level. Datterne, between 1993 and 1993 A is statistically significant at the 04 level.

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50531 (713)

PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting Past Year Use of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994 Fable 48.

									<u> </u>	
Drug	1979	1982	1985	1988	0661	1661	1992	1993	1994-A	1994-B
Any Illicit Drug ²	9.61	18.9	18.6	1.4.1	13.3	12.7		8.11	12.4	10.8
Marinana and Hashish	18	17.2	- - - - - -	10.6	10.2	9.5	8 8	0.6	9.2	8.5
(ocanoc	5.5	6.4	5.9	-	3.1	3.0	2.4	Cic	1.9	1.7
	-	; ;	;	0.5	0.5	0.5	1 .0	0.5	+0	90
Inhalants	2.5	1	1.5	1.3	1.2	1.3	0.1	1.0	~	<u>-</u>
Hallucinogens	сі ж.	1.5	9 1	1.6	_	<u>.</u>	1.2	<u> </u>	T .	1.3
, d.Dd	:	;	0.5	0.2	0.2	0.2	0.2	0.2	0.2	- 0
USD C	;	;	;	!	;	;	1	;	;	& C
Herom	0.3	0.2	0.2	0.3	0.2	0.2	0.2	0.1	0.2	1 o
Nonnedical Use of Any								;	•	
Psychotherapeutic'	÷.č.	6.3	7.8	5.7	4.3	4.5	%	∞. ∞.		6 ~
Stimulants	3.2	3.9	3.9	2.5	1.5	1.3	1.0	<u>-</u>	0.7	0.7
Sedatives	2.2	3.1	2.6	1.6	=	=	60	8 ()	8.0	†:0
Landuilizers	2.3	2.3	3.4	2.2	1.3	1.7	1.5	<u></u>	_	<u>-</u>
Analgesics	9.1	Çİ	3.6	2.7	2.5	2.5	<u></u>	C1	6 -	20
Any Illicit Drug										
other than Marijuana	96	8.6	11.3	8.7	7.0	7.2	6.1	6.2	6.2	
loho J.	12.9	089	72.9	189.	0.00	0.89	64.7	6.6.5	6.00	6 90
Heavy Alcohol Use	!	;	:	:	;	:		:	:	:
(क्याल्याल	43.3	39.6	35.9	34.2	32.0	32.1	31.2	29.4	28.1	31.7
Smokeless Tobacco	;	;	;	5.0	6'1:	4.7	5.0	0 †	4.7	~
Anabolic Steroids	;	:	;	;	;	0.2	0.1	0.1	0.0	0 1

"Loss precionon no estimale reported

111 The population distributions for the 1993 and 1994 NHSDAs are post stratified to Current Population Survey (CPS) projections of totals based on the 1990 decembed census. The 1979 MHSDA used CPS projections based on the 1970 census NHSDAS from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has fittle effect on estimated

FARABLE 1979-1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment of the 1979-1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment of the 1979-1982. Log and 1985 MISDA files

Such test that are of marmana of hashish cocame (including creek), inhalants, hallocinogens (including PCP), herom of psychotherapeutics at least once (inhalants not included in 1982). From the rest And prior years are derived from the old version questionnane, those for 1994 B are derived from the new-version questionnane ware dealers of any prescription type stimulant sedative tranquilizer or analyeax does not include over the counter drugs

Secondary of column (methoding crack), inhalants hallucinogens (including PCP), heroin or psychotherapeutics at least once, includes marijuana, octs who also have used any of these fisted counter of use of psychotherapeutics for 1979 and 1982 may not be comparable to other years or each other because different methodologies were used H. A. Alcahol Pse is defined as drinking five or more drinks per day on each of five or more day, in the past 30 days tho is down and and tastes of manipama only (Inhalants not included in 1982)

Differ to Telween 1994 and 1994. A is statistically significant at the 105 level Difference between 1994 and 1994; A is statistically significant at the Officed

Source SAMHSA Office of Applied Studies National Household Survey on Drug Abuse

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50531 (8A)

Estimated Numbers (in Thousands) of Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994 Fable 54.

Drug	6261	1982	1985	8861	0661	1661	1992	1993	1994-A ¹	1994-B
Any Illicit Drug	24,754	23,388	22,265	14,479	12,948	12,813	11,404	11.705	12.216	12.553
Marinana and Hashish	13 173	20.578	17.844	919.11	10.206	9,721	8.950	8.992	9.764	10.112
(octube	7116	1817	5.294	2.923	1.09,1	1,892	1,305	1,307	1.265	1.382
April (? ¦	; ;	: ; !	181	161	479	314	417	33	520
inh-dants	2.525	;	1.745	1,223	1,188	1,218	886	880	1.503	799
Hallucinogens	2,107	1,002	1,406	776	553	695	525	515	989	096
٦)	;	6+1	672	7.8	50	63	85	155	201	, ;
	:	;	;	}	1	:	1	;	1	9(†
Heroin	149	189	159	92	48	83	107	80	161	117
Nonmedical Use of Any							,			,
Psychotherapeutic ⁴	3,936	5,464	6,092	3,393	2,858	3,275	2.600	2,655	009.1	2,566
Stimulants	1,967	3,059	2,509	1,755	957	299	507	71 9 th	276	829
So differ	969	1.708	1,616	784	568	785	721	528	217	22.2
Landuilizer	1 244	1.297	2,001	1,174	898	1,043	692	572	332	296
Analgesics	579	1.137	2,247	1.151	1,536	1,457	1.547	1,417	1.183	1.542
Any Olivit Dente	_									
other than Marijuana	9,553	8,764	11,248	6,434	2,167	5,881	4.667	4.632	4.671	1.907
Alcohot	109.841	102,465	112.373	105.845	102,919	103,232	98,413	102.810	110,249	12.804
Heavy Alcohol Use	0,1,0	1	11.300	610,7						
Cigatettes	62.807	63,909	60,389	57,121	53,633	54,825	53,892	50,114	48.939	cc4,6c
Smokeless Tobacco	:	•	;	7,073	7,111	6.885	7,541	6,095	6,351	6.838
Anabolic Steroids	;	;	;	:	!	7	36	76	*	51
			-							

[&]quot;Low processing no estimate reported

source SAMISSA Office of Applied Studies. National Household Survey in Drug Abuse

See available

COLL The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennial census. The 1979 NHSDA used CPS is a constant. programme based on the 1970 census NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has little effect on estimated

^{101 1} or 1982, and 1983 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjusting of the 1929 stronges reporting drug use but may have significant effect on estimates of number of drug users in some subpopulation groups

scouncibeat use of matty and of hashish cocaine (including crack), inhalants, hallice mogens (including PCP), heroin of psychotherapeutics at least once. (Inhalants not included in 1982) Langua of the 1994 A and prior years are derived from the old-version questionnaire, those for 1994-II are derived from the new-version questionnaire salt vdSIIN 8801 pm CSO

Sooms died nie of cocame (including crack), inhalants hallucinogens (including PCP) betom of psychotherapeuties at least once, includes marituala users who also have used any of these hazed Lannal, not use of psychotherapeutics for 1979 and 1982 may not be compatable to other years or each other because different methodologies were used connected use of any prescription type stimulant sedative, transpiriteer or analyseste, does not include over the counter drugs

II as alcohol the is defined as diasting five of more drinks per day on each of five or more days in the past 30 days from a document methode users of majusana only (dishalants not included in 1982) Difference between 1993 and 1994.A is statistically significant at the 05 level Difference, between 1993 and 1994 A is statistically significant at the 04 level

(818) 15505 Lable 5B.

Percentages Reporting Past Month Use of Illicit Drugs, Alçohol, and Tobacco in the U.S. Population Aged 12 and Older: 1979-1994

Drug	1979	1982	1985	8861	1990	1661	1992	1993	1994-A ¹	1994-B1
Any Illicit Drug²	13.7	12.5	9.11	7.3	6.4	6.3	5.5	5.6	8.5	0.0
Marmana and Hashish	8.5	0.11	9.3	5.9	5.1	4.8	7	4.3	4.7	× +
(ocalne	1 7	7	2.7	1.5	8.0	6.0	9.0	9.0	9.0	0.7
Crack	1	1	;	0.2	0.2	0.2	0.2	0.2	0.2	0.2
Inhalants	+ -	;	6.0	9.0	9.0	9.0	t:0	1 0.4	0.7	1 .0
Hallucmogens	1.2	0.5	0.7	t:0	0.3	0.3	0.3	0.2	0.3	6.0
, d.)d	;	0.1	0.3	0.0	0.0	0.0	0.0	0.1	1.0	0.0
GS 1	•	:	;	!	;	;	ľ	*	,	0.3
Herom	0 1	0.1	0.1	0.0	0.0	0.0	0 1	0.0	0.1	- 0
Nonmedical Use of Any		•								_
Psychotherapeutic ^{3,4}	2.2	6.5	3.2	1.7	<u>₹</u>	9.1	1.3	1.3	8.0	<u>:</u>
Stimulants	_	1.6	1.3	6.0	0.5	0.3	0.2	0.3 ^b	0.1	63
Sedatives	6.0	6.0	8.0	† .0	0.3	t:0	0.4	0.3	T.0	0.1
Iranquilizers	0.7	0.7	0.1	0.0	0.3	0.5	t:0	0.3	0.2	5.0
Analgesics	0.3	9.0	<u> </u>	9.0	8.0	0.7	8.0	0.7	9.0	0.7
Any Illicot Dena										
other than Marijuana	5.3	4.7	5.8	3.2	2.6	2.9	2.3	2.2	2.2	2.3
Alcohol	6.09	55.0	58.3	53.4	51.2	50.9	47.8	9.64	52.6	43.9
Heavy Alcohol Use"	3.5	;	6 3	4.6	5.0	5.3	5.0	5.3	<u>~</u> :	6.2
(१ मुनास्तार	34.8	34.3	31.4	38.8	26.7	27.0	26.2	24.2	23.4	286
Smokeless Tobacco	!	!	:	3.6	3.5	3.4	3.7	2.9	3.0	<u> </u>
Anabolic Steroids	;	1	!	1	;	0.0	0.0	0.0	*	0.0

*Low precision no estimate reported

Not available

Some, SAMHSA, Office of Applied Studies, National Household Survey on Drug Abuse

;; F-

^{11.} The papalation distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennal census. The 1979 NHSDA used CPS projections based on the 1970 census NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has futle effect on estimated

Lot 1939, and 1985 in these tables the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjusting to the 1959. stantages reporting dript are but may have supurficant effect on estimates of munder of drug users in some subpopulation groups SHI VOSIIN S801 pur 1861 ===:

Senticole, dose of marquana of hashish cocame (including crack), inhalants hallucingens (including PCP), berom of psychotherapeutics at least once. (dibalants not included in 1982) is sentiable of any prescription type stimulant, sedative, tranquilizer of analgesic does not include over the counter drugs. I man to 1991 A and prior years are derived from the old version questionnaire, those for 1994-B are derived from the new-version questionnaire

connectical ase of circame (including crack), inhalants, hallucinogens (including PCP) herom or psychotherapeutics at least once, includes manyanna users who also have used any of these listed Lamin, or as, of psychotherapeutes for 1979 and 1982 may not be comparable to other years or each other because different methodologies were used H is A Montal Use is defined as drinking five or more drinks per day on each of five or more days in the past 30 days stures, does not include asers of manjuana maly (Imbalants not meluded in 1982).

Daterence between 1993 and 1994 A is statistically significant at the 40 level Difference between 1993 and 1994 A is statistically significant at the 01 level

Percentages Reporting Past Month Use of Any Illicit Drug, by Age: 1979-1994 Table 6.

50531 (46B)

Age Group	1979	1982	1985	1988	1990	1661	1992	1993	1994-A	1994-B
lotal	13.7	12.5	11.6	7.3	6.4	6.3	5.5	5.6	5.8	0.0
12-17 Years Old	18.5	13.2	6'41	9.2	- % 	8.9	6.1	9.9	9.5	8.2
12-13	9.9	3.1	0.9	2.4	<u> </u>	2.2	2.7	2.4	+ ;	3.8
<u> </u>	19.4	8.01	0.4.1	8.7	6.8	6.3	6.1	5 9	13.8	6.9
10-17	28.9	24.2	23.2	15.2	12.6	8.11	0.01	12.0	10.2	5.4.
18.25 Years Old	37.4	30.8	25.1	17.8	6.4.1	15.4	13.0	13.5	13.2	13.3
	0.14	32.4	26.0	17.8	18.3	16.3	++-	14.2	15.4	15.2
22.23	13.2	29.1	24.2	17.9	9.11	† † †	11.7	12.8	6.01	†:
36-34 Years Old	+ 81	161	20.4	13.0	8.6	0.6	10.1	8.5	7.8	8.5
67:00	23.6	21.4	23.8	+:+:	10.3	10.1	<u> </u>	9.7 ^b	9.2	8.7
10-34	14.2	17.2	17.6	11.8	1 .6	8.1	9.3	7.6	8.9	**
35 Years and Older	2.6	3.8	3.6	2.1	2.8	3.1	2.2	2.8	2.9	3.2
35-39	8 5:3	19.7	10.3	6.3	6.5	8.6	5.3	6.5	6.7	7.7
++-0+	3.6	*	2.6	6.1	4.7	3.5	4.7	5.3	5.2	5.0
61-51	2:2	1.3	7.5	0.1	2:2	3.2	1.7	∞.i	2.2	
-50	9.0	0.1	8.0		<u></u>		9.0	8.0	6.0	<u>-</u>

How precision no estimate reported

SOLL Any High drug is defined as nonmedical use of marijuana of hishish, cocame (including crack), inhalants, hallucinogens (including PCP), betom of psychotherapeutics at least once. Unhalants not included in 1982.)

NINDA need CPS projections based on the 1970 census. NINDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census has earn another barned by the class of a support of the class of the The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decembed census. The 1939 = 5

of the 1979-1982 and 1985 NHSDA files

Finance, for 1994 A and prior years are derived from the old-version questionnaire, flose for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994-A is statisfically significant at the 05 level

Difference between 1993 and 1994. A is statistically significant at the 01 level

Source SAMHSA Office of Applied Studies, National Household Survey on Drug Abuse

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Fable 7. Percentages Reporting Past Month Use of Marijuara, by Age: 1979-1994

Age Group	1979	1982	1985	1988	1990	1661	1992	1993	1994-A	1664-B
latal	12.8	11.0	9.3	5.9	5.1	4.8	† †	4.3	4.7	8. +
MO 2 Vents (2)	× 4	6 =	6 []	6.4	5.2		4.0	⁺ 6.†	7.3	0.9
12-17 1 Cats Cita	C 15) C	7	5.1	0.4	10.1	6.0	0.8	6.1	6.1
21-21 21-21 21-21	17.1	o i ≪	10.9	6.4	5.0	3.7	3.8	3.9	+"-	5.0
10-17	28.3	23.3	21.0	8.11	9.5	8.9	7.8	10.5	8.8	8.1.
LIC A Visual Old	15.5	777	616	15.5	12.7	13.0	0.11	1.1.1	12.2	12.1
16-21 Cals VIG	39.6	78.7	23.9	15.0	15.2	14.0	11.8	12.2	 	14.2
25-55	30.4	26.7	20.1	15.9	10.3	12.0	10.1	10.0	8.6	6.6
7. 31 Vam. Old	17.3	8 91	8 9	801	8.6	7.0	8.2	6.7	6.3	6.9
pr. v cm3 + c -0 -	, c	0.61	20.6	12.4	8.6	8.0	6.8	8.3 _t	7.3	7 1
+C-0c	12.9	6.41	13.9	9.5	7.7	6.2	7.7	5.6	5.7	6.7
38 Vane and Obber	-	-	2.1	-	6.1	<u>~i</u>	1.6	1.9	2.0	23
25.30	i ×	17.1	7.4	ر. در	7.4	8.9	3.9	5.2	0.0	0.0
77.07	0 0	*	2.0	0.5	3.9	2.5	3.7	3.3	3.7	
67.54		1.3	3.2	*	1.5	2.4	-	2.1	<u>-</u>	2.0
0.5.	9.0	*	0.3	0.8	9.0	0.3	0.3	T 0	*	90

·1 ow precision, no estimate reported

NHSDA used CPS projections based on the 1970 census, NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census hase to another has NOTE. The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennial census. The 1979

little effect on estimated percentages reporting drug use, but may have significant effect on estimates of number of drug users in some subpopulation groups. of the 1979, 1982, and 1985 NHSDA files

Famoutes for 1994-A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994. A is statistically significant at the 05 level

Difference between 1993 and 1994-A is statisfically significant at the -01 level

Source, SAMHSA, Office of Applied Studies, National Household Survey, on Drug, Abuse

Table 8. Percentages Reporting Past Month Use of Cocaine, by Age: 1979-1994

		6000	2000	0001	900	1001	0001	1002	1001	1001
Age Group	6/61	7861	1985	1988	0661	1881	7661	1993	1774-A	0-+221
lotal	2.4	2:2	2.7	1.5	8.0	6:0	9.0	9.0	9.0	0.7
12-17 Years Old	-1	8.	7.	Ξ	9.0	t.0	0.3	+ 0	0.4	03
[1-6]	0.1	0.2	0.3	0.2	*	0.1	*	0.1	*	0.2
	0.4	1.5	6.0	+ :	0.7	1 .0	0.1	9.0	*	0)
10-17	3.6	3.5	3.0	9.1	6.0	8.0	0.7	6.5	13	0.5
18-25 Years Old	9.2	6.5	7.5	4.5	C:	2.0	8.1	1.5	1.0	<u></u>
15-81	101	6.4	6.8	-	2.1	1.7	2.1	1.6	1.0	<u>~</u>
52-25	8 2	9.9	6.3	4.8	2:2	2.4	1.6	 :-	1.0	<u></u>
26-34 Years Old	% %	3.3	5.9	2.6	1.7	8.1	† .	1.0	. 1.5	1.3
62-92	8. 1	3.9	8.2	3.7	1.9	8.1	16	.8.0	2.0	9.1
30-34	2	2.8	4.0	1.7	9.1	8. 	1.2	Ξ	<u></u>	<u>-</u>
35 Years and Older	0.2	0.5	4.0	0.3	0.2	0.5	0.2	0.4	0.3	70
35-39	0.1	*	c.	1.9	9.0	2.1	0.5	0.7	<u>C!</u>	6:0
77-07	*	*	*	*	0.3	0.2	0.5	T:1	*	60
67-54	0.3	*	*	*	*	*	0.2	0.5	*	+0
05	*	*	. 0.1	*	*	0.0	*	*	+	+

*Low precision, no estimate reported

NOTE. The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennial census. NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has

Interested in estimated percentages reporting drug use, but may have significant effect on estimates of number of drug users in some subpopulation groups

NOTE 101 1979-1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment of the 1979-1982, and 1985 NHSDA files

Families for 1994. A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994-A is statistically significant at the '05 level Difference between 1993 and 1994-A is statistically significant at the '01 level

Source SAMHSA Office of Applied Studies National Household Survey on Drug Abuse

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Percentages Reporting Past Month Use of Alcohol, by Age: 1979-1994 Lable 9.

										7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Age Group	1979	1982	1985	8861	1990	1661	1992	1993	V-+661	.sl-+661
lotal	6 09	55.0	58.3	53.4	51.2	50.9	47.8	9.64	52.6	53.9
12-17 Years Old	37.3	26.3	31.0	25.2	24.5	20.3	15.7	18.0	16.3	216
12-13	20.9	10.1	10.7	6.5	8.4	7.0	3.8	5.3	3.7	6.8
	35.4	23.1	343	23.2	25.8	18.8	8.41	16.5	21.7	21.6
10-17	54.7	43.4	46.2	42.2	37.5	35.0	29.9	33.3	23.7	35.7
18-25 Years Old	75.7	67.2	7.07	65.3	63.3	63.6	59.2	59.3	63.8	63.1
18-21	74.3	66.1	65.0	0.19	58.7	9.09	54.2	53.2	61.3	58.1
\$5.00	77.4	68 4	75.7	69.4	67.7	0.7.0	- 	65.3	F 99	- 89
26-34 Years Old	70.4	70.3	69.3	64.2	63.3	61.7	61.2	62.8	64.3	65.3
62-02	71.2	71.4	70.2	66.5	64.5	6.09	62.4	63.5	67.4	0.40
10.30	69.7	69.5	9.89	62.3	62.4	62.2	60.3	62.2 ^b	62.3	65 6
35 Years and Older	58.5	51.9	56.4	51.5	18.6	49.5	46.5	48.8	53.1	<u>-</u>
35-39	69.4	70.2	70.2	63.5	59.8	60.1	58.6	56.34	1.09	0 5 0
††-0†	63.6	*	66.2	909	51.9	59.5	52.7	58.9	66.3	00
61-51	6.09	*	70.5	53.1	55.7	57.0	56.9	54.4	54.2	† 09
05.	53.1	8.44	46.7	45.0	42.3	4 	37.8	42.0	46.6	17.0

*Low precision, no estimate reported

SINDA used CPS projections based on the 1970 census, NISDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one certsus base to another has little effect on estimated percentages reporting drug use, but may have significant effect on estimates of aumber of drug users in some subpopulation groups.

SOLT 101 1979, 1982, and 1988 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment. NOTE: The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennial census. The 1979

of the 1979-1982 and 1985 NHSDA files

Lamaka, for 1994. A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994-A is statistically significant at the 05 level

Difference between 1993 and 1994-A is statistically significant at the OI level

Source SAMIISA, Office of Applied Studies, National Household Survey on Drug Abuse

Percentages Reporting Past Month Heavy Alcohol Use, by Age: 1979-1994 Table 10.

Age Group	1979	1982	1985	1988	0661	1661	1992	1993	1994-A	1994-B
lotal	3.5	;	6.3	4.6	5.0	5.3	5.0	5.3	5.	6.2
12-17 Years Old	2.2	;	3.7	1.6	1.7	2.3	1.3	1.3	1.0	2.5
12-13	*	;	9.0	+ :0	*	0.2	0.2	0.1	#	0.3
51.41	<u></u>	:	3.0	60	6.0	7.	0.7	8.0	+	0 5
16-17	5.4	;	7.5	3.2	-	5.5	3.3	3.3	2.7	6.4
18-25 Years Old	7.2	ł	10.1	0.0	11.2	11.3	H.3	10.4	8.6	13.2
18-21	9.3	;	10.3	8.5	+: ==	12.2	11.0	9.6	11.3	- 5.
52.53	8. 7	;	10.0	t 6	10.9	10.3	11.5	<u> </u>	8.2	<u></u>
26-34 Years Old	~~~ ~~	;	8.6	6.1	7.2	7.0	7.4	7.3	6.9	8.0
6, -9,	6.1	1	8.1.	6.2	7.4	7.8	8.5	7.7	0.01	6.8
†\$-0¢	3.5	:	8.2	0.9	7.1	6.3	6.5	7.0	5.0	7.3
35 Years and Older	2.7	:	7	3.4	3.2	3.8	3.4	↓ Ci	<u>C</u> +	∞: '
32.39	3.3	;	3.7	5.0	5.4	¥.8	5.3	9.9	7.2	7.3
++-0+	∞: ∞:	;	4.5	<u>ر:</u>	2.3	4.5	4.0	5.3	7.1	4.7
15.49	₩. .	1	8.11	2.6	3.6	7.7	4.5	&.: 8::	3.5	6.2
.50	2.0	;	3.0	3.1	2.6	6.1	2.2	3.5	2.5	3.7

"Low precision, no estimate reported

NOTE Past month Heavy Alcohol Dsc is defined as drinking five or more drinks per day on each of five or more days in the past 30 days.

NOTE the population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decembed census. The 1979 ton 1982 through 1992 used CPS projections hased on the 1970 census. NHSDAs from 1982 through 1992 used CPS projections hased on the 1970 census. NHSDAs from 1982 through 1992 used CPS projections.

NOTE For 1979 1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing, and weight adjustment tate effect on estimated percentages reporting drug use but may have significant effect on estimates of number of drug users in some subpopulation groups of the 1979 1982 and 1985 NHSDA files

I smates for 1994-A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994. A is statistically significant at the 05 level

Difference between 1903 and 1994-A is statistically significant at the 101 level

Source SAMHS Coffice of Applied Studies, National Household Survey on Drug. Abuse

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Table 11. Percentages Reporting Past Month Use of Cigarettes, by Age: 1979-1994

Age Group	1979	1982	1985	1988	0661	1661	1992	1993	1994-A1	1994-B1
lotal	34.8	34.3	31.4	28.8	26.7	27.0	26.2	24.2	23.4	28.6
12-17 Years Old	12.0	15.0	15.3	8. II.	11.6	10.8	9.6	9.6	8.6	6 81
12-13	2.0	3.8	6.2	3.3	6.1	2.6	6.1	2.3	2.6	16
14-15	9.1	10.1	14.0	10.5	T-+-	8.8	4.6	8 .8	10.0	10.7
16-17	24.4	29.4	25.2	6.61	17.9	21.1	18.1	18.4	17.0	28.6
18-25 Years Old	42 6	40.2	36.6	35.2	31.5	32.2	31.9	39 ()	26.5	34.6
18-21	40.4	38.1	29.9	35.5	29.8	30.5	30.5	28.1	28.0	35.8
22-25	45.1	42.5	42.5	34.9	33.1	34.0	33.3	30.0	54.9	33.4
26-34 Years Old	41.7	14.7	40.4	37.1	37.5	32.9	33.7	30.1	28.5	32.4
26-29	42.0	45.1	42.2	36.2	41.5	34.6	33.0	28.7	28.4	30.7
30-34	41.5	44.3	39.0	37.8	34.4	31.7	34.3	31.1	28.6	33.6
35 Years and Older	35.6	33.0	29.9	27.3	24.3	26.6	25.3	23.8	23.5	27.9
35-39	43.9	47.0	37.3	35.4	27.5	34.7	32.1	35.3	30.0	35.2
††-0 †	48.3	45.6	38.5	33.1	29.1	34.0	30.7	27.5	32.7	32.0
61 51	47.8	38.8	34.1	28.8	31.7	34.5	30.7	29.1	27.5	31.8
30	26.8	26.9	24.7	22.9	20.4	8.61	20.1	17.6	17.6	23.2

"Low precision, no estimate reported

NOTE. The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Su sey (CPS) projections of totals based on the 1990 decennial census. The 1979 through 1992 used CPS projections based on the 1980 census. The change from one census base to another has find effect on estimated percentages reporting drug use. But may have significant effect on estimates of number of drug users in some subpopulation groups.

NOTE 10/1979/1982, and 1985 in these tables, the estimates reported here may differ from previously published estimates for those same years because of additional editing and weight adjustment.

Estimates for 1991-A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire

Difference between 1993 and 1994-A is statistically significant at the 105 level

of the 1979-1982, and 1985 NHSDA files

Difference between 1993 and 1994-A is statistically significant at the 101 level

Source SAMIISA Office of Applied Studies, National Household Survey on Drug Abuse

Estimated Numbers (in Thousands) of Occasional, Monthly, or Weekly Users of Marijuana, Cocaine, and Alcohol, in the U.S. Population Aged 12 and Older: 1979-1994 Table 12A.

Drug	1979	1982	1985	1988	1990	1661	1992	1993	1994-A1	1994-B
MARIJUANA										
Occasional	;	. 1	13.677	10.057	10.915	10,200	8,763	009.6	10.179	9.272
Monthly ?	;	;	14.912	11,042	9.540	9,035	8,637	8.973	9,033	8.541
W cekly	;	1	8,857	6.623	5,454	5,132	5.168	5.064	5.745	5.139
COCAINE										
(Negational?		;	8.093	5.803	4,143	4,348	3,448	3.046	2,424	2.408
Monthly	:	1	3,200	2,405	2,104	1,717	1,525	1.484	1.465	1.255
W cckly	:	1	909	862	799	625	64.2	476	659	734
ALCOHOL.										
Standing of C	-	;	48.075	47,172	53,481	54,373	55,917	55,193	54,837	55.126
A footbly . '	:	;	92,324	87,898	79,391	83,670	77,101	82.579	85,257	84,998
Weekly:	-	;	53,593	47,328	41.736	12,971	41,675	44.550	46.783	45.66

parada anuna on marana wol.

SCOTE. The population distributions for the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 decennial census. The 1979 another SHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another SHSDA used CPS projections based on the 1970 census. has hale effect on estimated percentages reporting drug use, but may have significant effect on estimates of number of drug users in some subpopulation groups Zer evarlable

NOTE 1 or 1985 in these tables, the estimates reported here may differ from previously published estimates for 1985 because of additional editing and weight adjustment of the 1985 NUSDA file I summes for 1994. A and prior years are derived from the old-version questionnaire, those for 1994-B are derived from the new-version questionnaire.

Let 1994 A and prior years, occasional drug use is defined as use in the past year but less often than monthly. for 1994-18, occasional use is defined as use in the past year but on fewer than 12 days. For 1994-A and prior years, monthly or weekly use refer to a tendency within the past year and do not necessarily imply use in the past month or in the past week. In 1994-B monthly

The category of "monthly" use includes "weeldy" users, the sum of "occasional" and "monthly" users equals all past year users. i. Actuard as use on 12 or more days in the past year and weekly use is defined as use on 51 or more days in the past year

Difference between 1992 and 1994. A is statistically significant at the 105 level Difference between 1993 and 1994. A is statistically significant at the .01 level

Source SAMIISA Office of Applied Studies, National Household Survey on Drug Abuse

50531 (63B)

Percentages Reporting Occasional, Monthly, or Weekly Use of Marijuana, Cocaine, and Alcohol, in the U.S. Population Aged 12 and Older: 1979-1994 Table 12B.

Drug	6261	1982	1985	1988	1990	1661	1992	1993	1994-A	1994-B1
MARIJUANA										
Occasional	-	;	7.1	5.1	5.4	5.0	4.3	4.6	6.4	7
Nonthly 23	-	;	7.7	5.6	4.7	4.5	4.2	4.3	4.3	-
Weekly?	-	;	4.6	3.3	2.7	. 2.5	2.5	t.5	2.7	ر ح
COCAINE										
Occasional		1	4.2	2.9	2.1	2.1	1.7	1.5	<u> </u>	2:1
Nonthly ? .	;	;	1.7	1.2	1.0	8.0	0.7	0.7	0.7	90
Weekly	1	:	0.3	Þ.0	0.3	0.3	0.3	0.2	0.3	t:0
ALCOHOL										
Occasional	:	;	25.0	23.8	26.6	26.8	27.2	26.6	26.2	26.3
Monthly	-	;	17.9	44.3	39.5	41.2	37.5	39.9	40.7	9 0†
Weekly	:	!	27.8	23.9	20.7	21.2	20.3	21.5	22.3	817

*Low precision, no estimate reported

Not available

MINDA used CPS projections based on the 1970 census, NHSDAs from 1982 through 1992 used CPS projections based on the 1980 census. The change from one census base to another COTT The population distributions or the 1993 and 1994 NHSDAs are post-stratified to Current Population Survey (CPS) projections of totals based on the 1990 Jeconnial consus. The 1979

AOTI LOT 1985 in these tables, the estimates reported here may differ from previously published estimates for 1985 because of additional editing and weight adjustment of the 1985 NUNDA file has hale effect on estimated percentages reporting drug use, but may have significant effect on estimates of number of drug users in some subpopulation groups

Frimates for 1994-A and prior years are derived from the old-version questionnaire. those for 1994-B are derived from the new-version questionnaire.

1-a 1994-A and prior years, occasional drug use is defined as use in the past year but less often than monthly. For 1994-B, occasional use is defined as use in the past year but on tewer than 12. days 1 or 1994-A and priory cars, monthly or weekly use refer to a tendency within the past year and do not necessarily unply use in the past month or in the past week, for 1994 B monthly

the eacegory of "monthly" escinclades "weekly" users, the sum of "occasional" and "monthly" users equals all past year users is defined as use on 12 or more days in the past year and weekly use is defined as use on 51 or more days in the past year

Difference between 1993 and 1994-A is statistically significant at the 05 level

Difference between 1993 and 1994-A is statistically significant at the 101 level

Source SAMHSA Office of Applied Studies National Household Survey on Drug Abuse

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30531 (100B)

PRELIMINARY DATA - AS OF JUNE 1995

Table 13. Percentages Reporting Perceptions of Great Risk of Using Different Drugs at Different Levels, by Age Group: 1992-1994

							AGE (GROUP (Years)	(%)										_
1		12-17				18-25				26-34			35	35 and Older	lder	 		TOTAL	\I.	
Drugs Used at Different Tevels	1992	1993	81:to61 V:t661 8661	11:1:661	1992	1993	1993 1994-A	81-t-664	1442	1 8661	1993 1994-B	994-18	1992	1993	V-trol	1994-8	<u>c</u> ppl	1993	1.1661	1071-18
Marijuana Sinoke onte or twice Sinoke occasionally Sinoke regulants	35.0 4.0 %	32.6 48.1° 81.7°	29.9 42.0 75.0	31.4 32.9 58.5	22 0 31 8 68 8	24 l 32 7 67 4	31.1	21 1 24 2 46 8	23.7 31.2 68.0	23 6 29 3 66 8	20.4 28.8 62.3	23.3 29.2 49.9	43.2 51.6 82.0	8 5 7 8 8 2 5 8	108	44 0 48 7 65 7	15.9 44.9 77.7	36.9 44.6 76.7	351 423 745	55 50 40 40 40 40
Consume Its once of twice Coccasionally Coccasionally Coccasionally Coccasionally	519 753 921 763	510° 751° 916 743°	-16.7 70.1 90.9 68.0	\$2.0 63.3 84.0 65.6	57 9 77 8 94 5 87 0	55.6 77.3 95.2 85.1	60 2 82 8 95 6 88 6	60 9 73 8 89 3 82 8	59.8 75.9 95.7 90.1	57.2 74.3 95.6 38.2	56 6 75 1 93 7 87 5	61 1 76 4 91 6 88 3	76 3 86 6 97 7 92 7	76. <u>2</u> 84.8° 97.6 92.9°	79 L 89 0 98 L 98 L	78 8 86 4 94 3 91 9	68 4 5 6 3 5 6 3 8 9 8	67.4 80.9 96.3 89.1	3 % 5 6 2 8 8 8 6 2 8 8 7 6	5 0.0 × 0.0
PCP. For since of twice, the containing the contai	17.8	÷ 8 5 ÷ 8 2	43.2	45.4	59.3 9 <u>2.2</u>	56 0 90 6	57 t 92 t	55.8 79.0	8 t 6 \$ 8 9	67 1	66 8 93 5	66.7 86.4	80 3 1 76	908	810 963	80.1 90.5	71.9	93.9	73.1	20 0 86 1
Herom Ity once of fato. Use regularly	64 8 64 8 64 8 64 8 64 8 64 8 64 8 64 8	1 06	1 to8	9 87	65 U 95 0	8 T9 6 T 6	63.2	67 0 88 1	74.3	727	71 6 95 6	76.0	82 % 5 % % 9 % 9 % 9 % 9 % 9 % 9 % 9 % 9 % 9	82.8 98.0	83 6 98 7	86.0 95.8	7 - 2	t 96	716	926
Anabolic Steroids Use occasionally Use regularly	\$0.0 \$1.8	48 3 81 97	42.3	51.5	\$ 18 81 \$	\$2.0 81.1	5 1 8 1 8 1 6	57 I 82 I	62 2 86 0	60 5 85 4	60.7	66 5 86 5 86 5	72 6 91 1	747	713	77 5 90 8	65 6 87 9	66.2	25 % 2 %	70.1 87.6
Mechol One of two drinks to ally every day bour of five drinks	7 94	6 † 7	22.7	28.5	217	26.2	25.4	256	475	26.2	242	26.4	32.8	303	30.3	59.0	S 08:	t %?	4.12	5 % C
nearly every day live or more drinks oute of twice a week	2 10	\$ 6 \$ 8 \$ \$ \$ \$ \$ \$ \$ \$	2 5	54.3	50.8	64.1	62.7 52.6	48 8	540	53.7	516	72.4	76 2. 67 S	74.1	707	753	618	100	56.7	3.66
Cigaretes Sinsky one of more Pocky per Pry	18.7		45.8	, 1 7	38.0	39.0	0.09	60.4	64.3	65.5	656	65.9	68.2	9 69	15	70.4	- to	(0)	6 19	6.66.3

"Low prediction for stronger reported."

Scott in presentation sharehards for the 1993 and 1994 and 1994 and 1994 and 1994 and 1994 and 1994 are post-stratified in Current Population Survey (CPS) projections of totals based on the 1999 decentaal census. The 1999 decentaal census has to another has finde effect on estimated percentages reporting drug use, but may have significant. Heet on estimates of number of drug users in some subpopulation groups.

Some the 1994 A and prior years are derived from the old version questionnaire, those for 1994. B are derived from the new version questionnaire. Section of the

1 or the respect to about precised the are defined by occasionally and regularly for 1991. A and priorise part, for these terms are force or twice a month, and separate by 1 B standards for the 1991 B standards and regularly rows respectively.

Difference Leaven Leaven and 1994. Vis statistically significant at the 403 level. The content of the 1994. Vis statistically significant at the 404 level.

Some SAMIES COINCO Applied Studies National Household Survey on Drug. Muse

\$ (90B)

Percentages Reporting that Obtaining Marijuana is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1992-1994 Table 14.

							AGE	GROI	GE GROUP (Years)	ırs)										
		12	12-17			18-25	25			26-34	***		35	35 and Older	Mder			TOTAL	AI.	
Demographic Characteristic	5441	1993	1993 1994-A	1994-13	1992	1993	8-1661 V-1661 8661	1994-13	1992	1403 1994-A	\rightarrow	1994-B	1992	1993	V-1661 8661	1994-18	2661	V-F661 (661	1.1:66	81-t no.1
N 101	910		187	376	3 11	76.4	76.4	79.1	8 69	\$ 69	71.2	71 1	52.5	\$ 08	5.5	0 1%	1 08	577	0.05	
RACT																				
White Black Hispanis Other	585 545 545 545 545	51 5 59 5 56 0 41 1	59.9 62.6 55.4	57 8 62 7 55 7 43 9	795 795 677 606	80 1 75 4 64 8	80 8 74 4 69 9	\$ 8 8 9 7 4 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7 5 7	72.2 69.9 60.6 45.4	73.1 67.4 61.2 36.8	75 U 74 1 57 0	752 755 517 429	52.6 58.6 45.9 43.0	50.3 60.0 44.5 31.7	288	252 252 253 253 253	59 64 8 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6 5 6	\$8.2 64.0 84.0 84.0	64.5 50.7 •	62 6 64 7 50 1 38 3
/ 7																				
Male Female	\$1.7	\$3.1 \$2.5	58.2 59.2	57.0	78 6 76 5	7.77	80 8 72 1	82.4 75.9	74.7	73.3 55.9	74.5	75.5	59.2 46.5	55.2	62.2	61.5	64 L 54 4	010	53.2	666 4 55 6
POPU 1 V 110 V D1 NSH 1V																				
Fares, Alctro Small Metro Nonmetro	- s &	36.4 3.5.4 15.8	61 6 61 2 50 2	57.5 62.4 50.2	77 6 75 3 80 4	74.7 77.0 39.1	74 3 81 2 74 6	76.6 81.9 80.4	69.2 68.4 73.2	68 0 71 3 70 6	69.5 79.0	70 8 70 6 73 0	50 6 52 2 56 2	\$3.0 \$3.0 \$3.0 \$3.0	27.5	49.4 57.0 58.3	× × × × × × × × × × × × × × × × × × ×	8 5 5 8 8 5 5 5	58.5 61.2 59.6	- %3 %3
KI CION																				
Northeast North Control South No. 4	0 2 2 3 3 4 2 2 2	584 487 522 510	60.7 61.4 55.7 57.7	63.1 54.5 56.9 57.7	824 757 763 773	78 9 75 0 75 4 76 5	787 773 746	81.9 83.3 79.3 72.5	69 1 67 4 69 9 73 0	70 1 76 2 64 4 70 0	69.7 75.8 68.8 70.7	742 722 695 699	46 1 56 7 49 8 58 9	\$01 \$45 457 \$28	45.8 58.3 47.4 60.5	58 c c 2 c c 2 c c 2 c c 2 c c c c c c c	55.8 60.3 57.3 64.0	58.2 600 L 54.3 67.0	\$6.2 64.4 \$5.7 64.1	\$7.6 63.0 \$9.6 0.7 >

They perties a mechanical standard by MESDAs are post stratified to population projections of totals based on the 1990 decennal census. The 1992 MESDA used population projections can be presented to be personable of personable and priority are derived from the new version questionnance flow the new version questionnance and priority A and priority are derived from the old-version questionnance those for 1994. But no new version questionnance are derived from the old-version questionnance to provide the new version questionnance and priority and

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Determine the transformation of 1991. Any statistically significant at the 105 level for the control of the 1991. Any statistically significant at the 61 level.

SAMILSA, Office of Applied Studies, National Household Survey on Drug Abuse

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PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting that Obtaining LSD is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1992-1994 1 able 15.

							AGE (GROU	AGE GROUP (Years)	(S)										
		12	12-17			18-25	S			26-34			35	35 and Older	lder	_		TOTAL	1,	
Demographic Characteristic	(661	1993	P-1661 1661	1994-B	7661	1993	1994-A	1994-B	1992	1993 15	1994-A	1994-B	1992	1993 1994-A	-T	1994-13	1992	V-1661 (661		1994-13
101 VI	21.4	243	25.8	29.3	32.0	32.1	\$ 98	30.4	27.0	29.2	29.1	33.3	566	26.3.	31.7	32.4	272	1.1.	<u></u>	<u></u>
RVC 1 1 HING HV																				
W bac Black Hepsaac Other	23.54	244 235 260 208	27.7	31 1 26 3 24 3 26 0	33.1 29.4 30.4 24.5	33.8 28.4 31.0 19.9	39.2 27.5 39.3	41.7 36.2 36.0 22.7	26.4 33.4 26.7 19.7	26.3 30.2 17.8 17.8	28 8 36 3 26 5 4 55	34 3 39 3 26 6 16 8	26 6 30 3 22 9 22 3	26 4° 28 8 26 0 16 0	32.9 30.6 21.3	33.2 24.0 17.8	27.2 30.0 25.3 21.9	28.1 28.1 18.1	25. 1.05. 1.05.	* + 5 % ## 2 2
\															_	_				
Mak Lemale	26.2	23.6	21.3	25 1 33 8	31.4 32.6	33.3	37.2	41.3	26.3	30 0 28 4	28 2 30 0	33.2	28 1	27 7° 25 0	37.4	36.5	27 7 26 8	28 × 26 4	2 % 2 %	<u> </u>
POPU VIION DENNIIN							_				_									
Large Metro Smail Metro Nonmetro	26 X 26 U 18 6	25.7 25.8 19.8	27.2 28.3 20.1	30 0 32 9 22 6	33.5 31.2 30.3	33.4 32.0 29.3	39.2	40.5 10.1 36.3	27 8 26 8 25 6	29 0 32 1 24 6	28 8 29 0 29 0 29 0	36.52 20.8 20.8	25.8 28.4 25.7	24 l' 30 4 24 7	0 55 7 55 5 55	28 6 35 7 34 7	27 28 28 28 28 28 28	20 × 20 × 21 × 30 × 30 × 30 × 30 × 30 × 30 × 30 × 3	33.0 38.5 26.6	>
KI 6.10 \								•		•										
Northeast North Central North West	21.0	22.7	22.00	25 5 29 8 29 1	31.8 26.2 32.1 37.7	35.2 31.5. 29.0 35.2	42 8 34 9	1010 100 100 100	27.2 27.2 30.3	27.5 28.6 27.7 33.6	28.2 29.6 28.6 30.1	31 - 33 5 33 9 33 8	2888	26.5 26.9 23.4 29.4	37.2 24.9 30.6	28. 34.5 3.5 5.5 5.5	25.9 26.6 25.9 31.3	28.1 27.1 25.5 30.5	36.2 36.7 36.7	300 313 328 350

1 × 1 - x 1

1 - 1 - 2 - 2 milkoo, table of pepulation density is based on 1981 MSA classifications and their 1990 Census of Pepulation counts. For 1993 and 1994, population density is based on 1984 MSA classifications and their 1990 Census of Pepulation counts.

Participae, Estaven 1993 and 1994 A is statistically significant at the 05 level Databook, East on 1993 and 1994 A is statistically significant at the 04 level

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Table 16.

PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting that Obtaining Cocaine or Crack is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1992-1994

							AGE	GROL	GE GROUP (Years)	rs)										
	<u> </u>	12	12-17			18-25	ž:		i	26-34			35	35 and Older	lder			TOTAL	41.	
Demographic Characteristic	5661	1663	1993 1994-A 1994-B	1994-13	1992	1993	H-1661 V-1661 1661	1994-B	1992	1 6661	993 1994-A	1994-13	1992	V-1661 [661		1994-B	1992	V-+061 £661		1-1-1661
101.01	33 +	12.9	12.9	35.3	66+	16.7	+ 8+ + 8+	18.0	48 3	47.2	- 9 7	50.1	363	35 7	~ : +	F ()†	707	39.0	12.3	\$? †
RKCI																				
White Black Brygane Other	28.0 36.1 31.3	29.2 52.6 35.1 20.1	30.7 49.6 13.5	32 6 49 2 35 2 34 6	46.4 74.5 49.0 28.5	43.7 66.6 47.9 30.8	46.9 61.9 51.1	45 6 67 7 47 7 27 9	46.4 66.5 46.6 28.6	45 3 64 8 48 6 28 0	0 † † 0 0 † † 1 1 8 5 1 8 5	\$00 \$00 \$03 \$03 \$03	35.1 52.3 33.7 22.6	35.28*	40.4 55.1 28.0 4	40.8 47.9 34.1 22.3	9 \$7 7 0 + 10 7 0 + 20 7 0 + 20	36.6 58.9 41.1 24.4	386 378 **	- 0 t % % 7 t % % 7 t % % 7 t % % 7 t % 7
/ 7																			_	
Male Female	30.6 86.5	35.4	30 I 35 9	30.8	\$0.4 \$0.4	47.2	\$2.9 -13.9	48 2 47 8	50 6 46 1	45 8 4 1 7	17.8	\$2.5 47.8	39.7	38 0° 33 0	\$ 12 0 \$ 18	15.4 36.0	C 2 88	1111	2 8 2	1 2 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
FORTLAHON DLASHA																				
Large Metro Small Metro Normatro	32.4 32.4 25.9	37 th 31 4 26 th	36 + 42 8 28 0	36.7 38.7 27.6	56.0 45.1 45.3	5 87 ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° ° °	510 510 43.7	45.4 42.4 42.4	51.7 46.3 43.6	- 87 - 87 - 67 - 67 - 67	46.8 42.6 50.9	51.5 50.5 45.8	38.7 36.7 31.7	33.9 38.6 31.7	141.9 171	36.5	43.7 39.2 35.0	\$ - 2	24.8 28.8 20.8	# 50 m
RIGION							_													
Southeast South Central South West	28.27	3 % % % % % % % % % % % % % % % % % % %	38.2 26.0	% % % % % % % % % % % % % % % % % % %	\$3.6 \$2.2 \$0.1	50 - 40 8 40 9 40 9 40 9	\$03 \$11 433	515 461 489 453	49 4 42 5 49 9 51 0	48 6 45 7 46 9 48 1	445 445 452 452 453	54.2 47.4 49.3 50.8	33.4 34.2 40.5 40.5	38. 42.5 55.9 56.0	75 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	*****	39 1 38 8 30 7 43 6	128 8 2 1 2 8 8 2 1 3 8 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	×: ×:	2022

*1 control in countries to the 1993 and 1994 MEDAs are post stratified to population projections of totals based on the 1990 decennial census. The 1992 NEMA used population based on the 1993 and sequential processing the 1993 and 1994 MEDA used percentages but may have significant effect on summer of persons in some subpopulation groups are consistent to the classical from the old-version questionnated flow the old-version questionnated flow the new-version questionnated.

terr constituence proving 1991 A is structurally significant at the 03 level to it. Tensor of 1994 A is structurally significant at the 01 level.

* VVIII S.V. Office, A.J. Applied Studies, National Household Susvey on Drug Abuse

PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting that Obtaining Heroin is Fairly or Very Easy, by Age Group and Demographic Characteristics: 1992-1994 (1916) STORES Lable 17.

		ļ					AGE	GROU	GE GROUP (Years)	rs)										
		12	12-17			18-25	5			26-34			35	and Older	Mder			TOTAL	11,	
Demographic Characteristic	[66]	1001	V-1661 8661	8-t661	1992	1993 1994-A	i l	1994-18	1992	P-1993 1994-A		1994-B	1992	1 8661	1994-A	1994-B	[44]	1993 19	1994-1	19v4-13
101 //	77	213	22.4	25.3	26.3	744	28 6	31.3	28 ()	26.7	26.6	30.8	26.7	26.21	32.3	32.2	26.5		7 62	31.15
R.V. 1 1 HENCH 3																				
White Black Hepank Other	2222	29 0 24 0 21 7 11 8	20 8 20 4 4	23.9	23.3 +11.1 31.0 17.0	32.2 30.2 18.0	26.3 37.7 36.9	28.4 46.0 35.1 21.3	25 6 43 4 30 8 18 5	33.0 33.0 22.0	23.1 46.7 33.2	29.2 45.3 20.4	25 6 38 5 26 1 18 6	25 1° 37.4 26.5	0 # C # C # C # C # C # C # C # C # C #	32.7 37.9 26.5 16.0	24.8 39.0 27.8 18.6	24 u 35.7 28.7 18.2	28 8 41 1 27 9	30.7 40.0 28.4 18.9
77																_				
Male Fernale	\$ 1 02	19.7	180	22 1 28 7	24 0 28 6	22 y 25 y	28 1 29 1	31.6	27 to 29 t	27 0 26 5	22 1 30 9	32.6	27 5 26 1	27 L ² 25 4	\$ 9 \$ 1 \$ 2	35 6 29 3	26 l 26 8	23.6	32 8 26 9	30.2
POPULATION DINSHA															_					
Large Metro Small Metro Normetro	25.6 22.9 16.5	23.8 20.6 17.7	25.5 21.2 19.1	26.7 27.2 20.0	30 0 23 4 23 7	26.2 26.4 17.5	29.7 27.9 27.1	32.4 33.8 25.9	30.5 26.9 24.2	28 6 27 3 20 7	26.7 25.4 28.4	31.8	28 0 27 5 23 5	25.0° 28.6 24.9	33.7 34.9 26.1	28 0 36 9 33 5	28.50 2.00 2.00 2.00	8 5 C C C C C C C C C C C C C C C C C C	0 10 C 05 C 55	5. 2. 5. 5. 5. 5.
RICAON																			-	
South Central South South West	118.2 18.2 7.5 5.7 5.7	27 9 17 1 22 3 19 1	23.7 22.6 24.4 18.5	256 231 252 277	28.5 19.5 28.2 27.9	28 2 22 4 21 6 27 9	29 8 30 9 25 8 29 4	37.3 28.7 29.8 31.0	32 0 24 3 27 2 29 8	5225 -225	24.8 25.1 28.7 26.9	33.2 28.4 31.0 30.9	25.6 28.9 24.8 28.8	27.7 24.4 25.4 28.2	25.8 37.3 31.7 31.0	29.4 33.2 33.2	26.8 25.6 25.6 25.6	85 C C C C C C C C C C C C C C C C C C C	26.0 32.7 29.8 29.6	8 8 6 5 8 8 6 1

"I wperturn to a turn to reported
"COLD in properties and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decentral cervins. The 1992 NHSDA used population projections but have significant effect on estimates of number of persons in some subpopulation groups.

NOTE: I should be be a majority of the clear on estimate and service from the old-version questionnaire those for 1994 B are derived from the new-version questionnaire.

1 : 1 to mither and a pepulation density is based on 1984 MSA classifications and their 1990 (ensus of Population counts). Lot 1993 and 1994, population density is based on 1984 MSA classifications and their 1990 (ensus of Population counts).

Difference between 1999 A is statistically significant at the 103 level Difference (1995 and 1994 A is statistically significant at the 101 level

con SAMHSS Office of Applied Studies, National Household Survey on Drug Abrise

Percentages Reporting Having Been Approacaed in Past Month by Someone Selling Drugs, by Age Group and Demographic Characteristics: 1992-1994 Table 18.

										:	,									
							AGE	GROU	GE GROUP (Years)	rs)										
		12	12-17			18-25	ž.			26-34	_+		35	and Older	lder			TOTAL	Ţ	
Demographic Characteristic	(661	1003	V-1661 1661	81-4661	1992	V-1661 [661		81-1661	1992	1 8661	1994-A	1994-13	1942	61 8661	1994-A I	1994-18	2001	1 8661	1-1661	[591:B
10101	7:		6 81	13.0	2 22	20 [20.6	8 + 1	1.4.3	0 8 1	12.5	67	3.7	3.6	3.0	5. 5.	2.2	×.	8.7	5 °
RVI							_								_					
W buc Black Hispanic Other	255 255 255 255	146° 168 187 80	21.9 19.4 19.4	5 2 3 8 5 - 5	21.2 29.2 21.5 17.6	20.2 21.4 22.1 10.2	19.9 22.4 25.4 *	16.9 16.9 10.3	13 L 22 9 15 4 8 3	# # # # # # # # # # # # # # # # # # #	10.7 19.4 16.6	6.5 14.1 10.8 6.7	5 8 9 5 7 5 6 5 7 5 6 9 5 7 5 6 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	\$ 7	~ 5 W W ₩ U +	CV. T*	7.9 15.9 12.7 7.3	2 <u>5 2 5 9 5 9 5 9 5 9 5 9 5 9 5 9 5 9 5 9 </u>	2 X Z Z Z	100
/ 7							•													
Male Fenale	110	17 (1	21.7	6 † 1	284	26 6 13 6	27.5	20.8 8.9	8 61 0 6	186	18 to	11.7	5. 2.3.4	ر: را ر: ر:	+ -	3.7	12.5	5.0 0 %		25 m
POPULATION DINNITA																				_
Large Aktro Small Metro Nonmetro	7	16.2 15.3 10.0	21.5 20.9 11.6	12.9 9.3 9.3	27 I 19 I 17 S	21 2 20 3 17 3	22 2 18 6 19 7	9 1 1 9 8	55.	15.3 11.6 9.4	15 6 10 5 7 9	20 20 iv	5.4 3.1 1.6	33	2 20 0	075		<u>5</u> ∞5	586	2-2-
RI GION												·				_				
Northeast North Central North West	2228	16.2 11.0° 15.4 15.7	21.3 18.6 18.2 17.7	127	24.3 19.9 21.9 23.0	23.9 19.0 17.6 22.0	20 C C C C C C C C C C C C C C C C C C C	123	13.8 13.2 16.6	14.4 10.1 12.9 15.0	17.4 10.0 12.7 10.3	93 76 76	5034 578 1	~ C1 C1 C	2 0 1 7 3 1 5 9	9 7 6 6 8 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	2 × × = = = = = = = = = = = = = = = = =	2 % % Q	2 2 X I	2000

21 Species no estimate reported Section the population distributions

The population distributions for the 1974 and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decembed census. The 1992 MISDA used population projections have significant effect on estimates of number of persons in some subpopulation groups.

I tount, for 1991 A and prior search the first from the old version questionnaire, those for 1994-B are derived from the old version questionnaire.

^{= ::}

^{1 1 2} and a stable pepulation density is based on 1984 MSA classifications and then 1990 Censived Pepulation counts. For 1993 and 1994 population density is based on 1994 MSA classifications and ilea 1990 Censived Pepulation counts.

to construction from and 1991. Any statestically against at the 05 level but excellence of connect 1994. Any statistically againsticant at the 04 level.

Social NAMES VOTICE of Applied Studies, National Household Survey on Drug Abuse

PRELIMINARY DATA - AS OF JUNE 1995

Percentages Reporting Seeing People Who Are Drunk or High on Drugs in the Neighborhood Occasionally or More Often, by Age Group and Demographic Characteristics: 1992-1994 ERIC Table 19.

		8-to61	27.1		2844		- e t		27.2		- 55% <u>- 5</u>
	TOTAL	V-1661	32.6		57.7 53.8 4.5.4		34 \$ 30 9		27%		3202
	0.1	1403	123		28.4 51.5 43.0 43.0 26.1		% % % % % %		2. C.		#355 #355
		1992	7		30.8 53.2 42.4 29.8		35 6 32 9		<u> </u>		2022
		H-1:661	20.3		17.3 38.0 30.5		18.2		23.9		20 1 2 8 8 8 8 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9
	Older	I494-A	27 3		21.5 42.2 42.0 *		30.2		27 1 25 1 30 0		18 5 30 4 27 2 32 3
	35 and Older	1993	25.2		21.9 47.0 38.0 18.8		26.2 24.4		0000 0000 0000 0000		25.5% 25.5% 25.5%
	3	2661	28.8		25.8 48.6 38.4 25.6		29.8		29.6 24.8 32.4		25.4 27.7 30.5 30.5
		1994-B	31.0		283 446 368 242		33.7 28.5		32.5 27.4 34.1		29.0 31.9 30.4 33.1
	+	V-1661 8661	0 TE	_	32.1 49.0 37.8		34.8		2.2.2.2. 5.2.2.2.2.3.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0		450 339 371 227
urs)	26-34	1993	376		34.9 50.9 12.8 *		40.2 35.0		%6.7 45.3 13.5		33.4 36.4 36.4 36.4 36.4 36.4 36.4
AGE GROUP (Years)		1992	38.2		35.1 53.6 44.7 30.2		41 9 34 6		34.6 40.4		358 378 385
GROL	-	1994-B	44.2		43.2 55.6 42.0 *		46.5		2.2.5 2.0.2.5		47.3 44.0 41.9 45.2
AGE	5	1993 1994-A 1994-B	47.4		455		48.5 46.3		44 3 52 2		52 - 39 2 49 4 48 8
	18-25	1993	47.6		58.2 58.2 52.2 33.4		49.5 45.7		46.9 41.8 57.5		508 457 460 493
		1992	£8.5		46 0 64 4 48 3 38 1		\$0.0 47.1		4 5 5 4 5 5 5 6 5 6 5 6 6 6 6 6 6 6 6 6		546 472 476 476
		1994-B	36.7	_	34 3 20 9 20 0		36.2		37 0 35 4 38 0		36.2
	17	1993 1994-A 1994-B	39.7		\$4.5 56.4 49.2 49.2		+ *		44.7 30.4 32.0		37 6 39 8 4 38 4 43 4
	12-17	1993 1	40.6		36 5 58 4 46 7 37 0		- 8 C †		45 6 36 9 37 9		×0+0 20+0 20+0 20+0 20+0 20+0 20+0 20+0
		1992	18.7		45.7 45.7 45.5 45.5		# - -		15.8 17.0 17.0		\$ 5 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5
		Demographic Characteristic	NIOI	RACL. FIENETTA	White Black Hepante Other	1+1	Male Female	POPULATION DESSITA	Large Metro Surall Metro Normetro	RICIO	Northeast North Central South West

"Low piver on no estimate reported."

The population of the 1993 and 1994 MISDAs are post-strained to population projections of totals based on the 1990 decennial census. The 1992 MISDA used population projections based on the 1992 and 1992 minutes from the constraints of number of persons in some subpopulation proups are derived from the resistant questionnaire, those for 1994-B are derived from the new-version questionnaire.

1 a 1202 or the 1714 Separation density is based on 1984 MSA classifications and ficit 1990 Censivor Population counts. For 1993 and 1994 population density is based on 1990 AINA classifications and ficit. For Censivor Pepulation counts.

Date of between 1993 and 1991. Are statistically significant at the 405 level. Detection of 648 of 1993 and 1994. Are statistically significant at the 404 level.

See, SAMIN'S Office of Applied Studies National Household Survey on Drug Abuse

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₩ 103

Table 20.

Percentages Reporting Seeing People Selling Drugs in the Neighborhood Occasionally or More Often, by Age Group and Demographic Characteristics: 1992-1994

							AGE	GROU	GE GROUP (Years)	rs)										
		12	12-17			18-25	5			26-34			35	and Older	lder			TOTAL	AI.	
Demographic Characteristic	?t61	1 661	V-5661 8661	1994-B	1992	1993 1994-A	1	1994-B	1992	1993 1	1994-A	1994-13	2001	1993 1	1994-A	1994-13	1002	1 661	1994.4	11001
10101	116	1117	15.5	15.3	061	186	17.4	166	6 † 1	7.	† :	0 =	6.7	8 1	. . ×		12.4	<u></u>	601	٠,٢
RKT																				
White Black Hi pane edea	7 1 21 2 23 9 10 0	7 22 2 2 2 2 2 9 4	3 7 C.C. 3 8 C.C.	9 9 37 4 20 2 15 7	12 5 48 1 27 7 9 9	12 9 45 6 26 3	10 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 + 5 +	10 5 22 9 11 3	393 102 102	6 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	333	86 86 86 86	65 31.2 19.4 5.5	44 33.2 17.6 4.3	4 7 34 4 16 7 4	**************************************	80 370 76	67 370 211 73	6.3 87.1 19.0 4.8	2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
47				_																
Mak Lemak:	× + 	5 1	15.9	15.4	200	19 5 17 8	195	17.7	16.2	145	12.0	11.2	6 101	8 8 0 0	× × ×	7256	12.7	11 7	10.3	<u> </u>
POPU A 110 \ DI \ SH \ \																				
Large Metro Stand Metro Sommetro	20.5 12.4 8.0	21 U 10 3 9 3	207 150 77	19.7 12.9 11.1	260 126 150	21 8 16 3 14 9	21.3	20 6 13 6 12 7	<u> </u>	16.2 12.0 12.7	13.5 8.9 9.9	14.7	135 74 59	98 70 6 2	2 % S 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	80 47 56	8 0 2 0 2 2 8	0 6 8 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	0.0 8	7.27
RECTO								•												
Vertheast Verth Central Verth	2225	10000	16 3 17 6 13 6	1122	23 16 18 18 18 18	23.0 16.4 17.4 19.0	250 129 176 143	207 150 154 165	15.2	- 8 9 <u>7 7</u> 8 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9 9 9	150 66 152 73	13.9 8.6 10.2 12.4	94 92 99	9.2 5.2 10.0 7.1	148 70 93	77 50 62 70	2=22	25 2 1 1 2 2 1 1 2 1 1 1 1 1 1 1 1 1 1 1	16.4 10.7 10.2	11 8 7 7 2 2 2 2 2 2 1 1 1 1 1 1 1 1 1 1 1 1

^{*1} territor is stituate tejested
*2.1 territor is stituate tejested
*2.1 territor is stituate tejested
*2.1 territor is stituated by the P99 and P94 NHSDAs are post-statited to population projections of number of persons in some subpopulation groups
*2.1 territor is an object or estimated percentages but may have significant effect on estimates of number of persons in some subpopulation groups
*2.1 territor is an object or estimated percentages but may have significant effect on estimates of persons in some subpopulation groups
*2.1 territor is an object or estimated from the old-version questionnaire those for 1994-B are derived from the new version questionnaire.

^{1941.} See Cristoson 1993 and 1994. A restantishedly significant at the 403 level D.H. Gover, U.Poson 1993, and 1994. A restantishedly significant at the 404 level

Source of Ding Alphed Studies, National Household Survey on Ding Abuse

50601 (73A)

Table 21A. Estimated Numbers (in Thousands) of Past Month Users of Any Illicit Drug, by Age Group and Demographic Characteristics: 1994-18

		AGE GROUP (Years)	IP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	lotal
1014	877.1	3,731	3.120	3,925	12.543
RVCE					
White	1.279	2.831	2.377	3.070	755 b
Black	255	483	9++	~ · ·	1.716
Hispanic Other	71 <u>2</u> 7 <u>2</u>	327	247	++77	0+7 7+0 1
/ 7					
Male	047	2 369	2.070	2 494	7 880
Lemale		7007	NOW!		
POPU VIION					
Large Metro	685	1.793	805.1	1,607	7.084
Small Metro Assumetro	608	1 155	7+071	689	7.0.7
RI GIO/	365	290	553	674	2 081
Zorth Contral	500	828	725	8.53	2.912
South	\$75	1.437	860		1025
West.		·0/8	1+-/		1
1010					
ligh School	ごえ	876	729	70.	2 142
High School Grad	K Z	1.291	660.1	1.260	1641
Some College College Orașinate	/ / Z	332	680		500 C
(TREN					
		•	:		
न वर्ग सम्भ	V.Z.	0.5.0	861.7	7 007	0010
Part truc	r ·	88/	687	200	3.5
(nemploxed		169	243	27.0	207
Office	- 2	100	1.71	/V.	0, 1

"Low precision no estimate reported

A Not applicable = = ?

V.S. High dangers defined as nonmedical use of marquant or hashish cocame (including critics) inhalaus, halluctinopens (including 13D and PCP) become of psycholiciapsius, at least once.

The population distributions tot the 1993 and 1994 NINDAs are post-straitfied to population projections of totals based on the 1990 december 1992 will have been projections based on the 1980 census. The claume from one census base to another has fittle effect on estimated percentages reporting due use but may have

synthemicallection estimates of manber of drag users in some subpopulation group.

*211 I sonate for 1991 Bare defined from the MINDA new version questionnance

18 of the cheation and current employment not shown for persons aged 12-17. I stimates for both adult education and current employment are for persons aged 18-18. t' jed new density to based on 1990 MSA classifications and then 1990 Censity of Population counts

Scars, SAMHAA, Office of Applied Studies, National Household Survey on Ding Abuse, 1994 B.

Rened deathold homemaker student or Jother J

<u>:</u>

-

Table 21B. Percentages Reporting Past Month Use of Any Illicit Drug, by Age Group and Demographic Characteristics: 1994-B

Demographic (I haracteristic (I haract			AGE GROUP (Years)	IP (Years)		
8.5 8.8 8.8 8.1 8.7 1.28 8.8 1.28 8.5 1.71 9.6 1.08 9.2 1.08 9.2 1.08 9.2 1.18 1.35 1.35 1.38 1.39 1.30	graphic acteristic	12-17	18-25	26-34	35 and Older	Total
8 8 9 12 8 12 8 12 8 12 8 12 8 12 8 12 8			. 133	S. 88	3.2	0.9
8 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 8 1 1 2 2 7 2 2 7 2 7 2 8 2 1 2 8 1 1 3 8 1 1 3 8 1 1 3 8 1 3 6 1						
8 5 17 9 17 1 17 1 17 1 17 1 17 1 17 1 17	hite	\$ \$ \$	9+1	0 6		0.0
85 76 104 104 108 68 68 118 68 118 92 140 140 88 142 88 142 88 142 88 142 88 142 88 142 88 143 143 144 158 140 158 140 158 140 158 140 158 158 158 158 158 158 158 158	ak k Ispanic	6 ×	9.71	57	+ O	<u>-</u>
8 5 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9 6 9	ther	2.7	•		•	- .
26 140 176 178 178 178 179 179 179 179 179 179 179 179 179 179	late		171	911 .	*. **	9.7
7 6 10 4 5 7 5 7 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7	יוויזוני		c ?	e r.		-
7 6 10 4 5 7 6 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	10110					
5.7 6.8 6.8 7.7 7.7 8.8 8.4 7.7 N.A N.A N.A N.A N.A N.A N.A N.A N.A N.A	arge Metro	7.6	140	16.3	0 0 0	_ 0
Central 6 8 8 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2 9 2	oungho	5.7	· ×		·	: -
al 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		3	3	7		-
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	ortheast outh Central	æ ~1 • • •	2 2 2	« / «	- ∞ - ∞	- ×
1 Curad N.A N.A Iduate N.A N.A N.A Iduate N.A	outh	7.7	2 : Z	¥€ :	100.10	
Formal NA	-	× ×	9.51	= 7	c.	9 9
Formal N.A. N.A. Iduate N.A. N.A. N.A. N.A. N.A. N.A. N.A. N.A	70110					
ollege NA NA Chadhale NA	High School	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	5.5	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	~; ~	∞ 0 iv. iv
Criaduate N.A. N.A. N.A. N.A. N.A. N.A.	ngn school chau ame College	< \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	0 77	7.7	116	·
NA N	ollege Graduate	Y Z	8.6	*	× .	<u> </u>
< < < \d> < \del < \d> < < < < < < < < < > < \d> < < < < < < < > < \d> < < \d> < < < < < < < < < < < < < < < < < < <	RF / 1					
	ull tune	V:N	÷ :	0 %		6.7
	ant-time	₹÷	∞ c c c c	~ <u>-</u>	~ 3	\ 0 -
	nemploy ed	e e	5 6 7	+ × × × × ×	- × ×	5. C.

[&]quot;Is a precision no estimate reported

^{*} A Not applicable

^{= 5,}

Vax High drup is defined as nonmedical use of marginana or hashist, covaine (including crack), inhabitive haditivenegens (including LSD and PC), become of psycholite appropriates at fast since. The 1979 NINDA used population projections of totals based on the 1990 decennal censor. The 1979 NINDA used population projections based on the 1980 censors. The change from one censors base to another has little effect on estimated percentages reporting drug as 4 to track based.

reads an effect on estimates of munber of drug users in some subpopulation groups *2011 - Unmate, for 1994 Blate derived from the NHMDA new version questionnaire

^{1:} pataiser denate is based on 1990-MSA classifications and their 1990-Census of Population counts

^{1921 - 10} Little education and current employment not shown for persons aged 12-15. Estimates for both adult education and current employment are for persons aged. 18

Exact handed homemaker student or other?"

Source SAMILSA Office of Applied Studies National Household Survey on Drug Abuse 1994 B

Table 22A. Estimated Numbers (in Thousands) of Past Month Users of Marijuana, by Age Group and Demographic Characteristics: 1994-B

Demographic Characteristic			CONTRACTOR (Lemis)		
	12-17	18-25	26-34	35 and Older	Total
ICIN	1.315	3,389	2.522	2.886	10,112
RACE:					
White	936	2.569	1.956	2.234	7.695
Black	961	452	321	817 -	1.386
Hispanic	16.2	*/7	56. 20.	*	240
/ 7:					
Male I emale	760	2.161	1,768	2.034	6.723
FOPULATION	-				
	:		, , ,		1131
Large Metro	527	1.633	808	 1373 	4 01 4 3 749
Nonmetto	186	969	412	507	660 1
RF 6.10 \					
Northeast	207	552	661	516	÷77.1
North Central	007	300	+/c	+:10 +:10	3.713
N est	\$1}	76L	019	3.57	772.2
VD[11]					
ligh School	ż	820	685	364	1.773
High School Grad	N/A	1.140	874	0.5	
Some College	Z Z	1007	77.7	508	1.11.7
openopero odago)	٠ <u>٠</u>	75.	B1c		
CURRENI TABLOMBAL					
sun-lin		1.404	1.826	2.075	> 300
Part time	V.Z	713	203	372	1 288
Unemployed	Y Z	***	250	061 81 c	7:68 1:018 1

^{*}Low precision no estimate reported × A. Not applicable XCLT. The population distributions

•

The population distributions for the 1993 and 1994 NISDAs are post straitfied to population projections of totals based on the 1990 decennial census. The 1997 WISDA used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting due not may have spiriticant effect on estimates of number of drug users in some subpopulation groups

Soll 1 similes for 1921 B are derived from the NHSDA new version questionnaire

Pepolation density is based on 1990 MSA classifications and their 1990 Census of Population counts.

Data so addit education and current employment not shown for persons aged 12-17. Estimates for both adult education and current employment are for persons aged 12-17. Estimates for both adult education and current employment are for persons aged 1.18. Refixed it abled homemaker student, or "other".

Source SAMISA Office of Applied Studies, National Household Survey on Drug Abuse, 1994-B

\$0601 (79B)

PRELIMINARY DATA - AS OF JUNE 1995

Table 22B. Percentages Reporting Past Month Use of Marijuana, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	IP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
101 (1)	0.9	12.1	6.9	2.3	× 7
RACE					
White	6.2	13.3	4 /		× +
Black	T-9	0.50	+	ب س -	5 · ·
Other	2 1 2		r, c1		- 3
7+X	2		0		r 3
J'enale	5 °C	8 2) T		
POPU 1 (110)					
Large Metro	5.8	12.7	+ 2		5.0
Small Metro	× ×	12.4	+ + o	~1 ~ 7	* * * * * * * * * * * * * * * * * * * *
\01:318					
Northeast	75	101	7.0	~ .	1:
North Central		5 - <u>-</u>	5 V O	- x	c —
Mest	† 9	+.c1	+ 1		-
70111					
High School	V/Z	<u>*</u>	107	·	f
High School Grad	Y SZ		77	0 0	0 · · · ·
college (madnate	CZ.	. 6	0 %	~	= +
CURRENT FAULOVIENT					
Lall time	K/Z	10.9	7.3	9:	14. 1 14. 1
Part time	ΥŻ	1.5	<u>~</u>	7.5	 :
Unemployed	ŠŽ.	∞ <u>~</u>	~ ·	0 %	× - ^
	N:A	(7)	7 +		1

[&]quot;Low precision no estimate reported

appropriate 12 //

The population distributions for the 1993 and 1991 NISDAs are post stratified to population projections of totals based on the 1990 decennial census. The 1979 NISDAs from 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use but may have = 3

sendicant effect on estimates of number of drug users in some subpopulation groups NOTE: I amates for 1994 B are derived from the NHSDA new version questionnaire

Equilation density is based on 1990-MSA classifications and their 1990 Censis of Population counts. Data on adult education and current employment not shown for persons aged 12-17—Ustimates for both adult education and current employment are for persons aged _18_ Retried—disabled—homemaker student or "other

Source NAMISA Office of Applied Studies National Household Survey on Drug Abuse 1994 B

50601 (32A)

Table 23A. Estimated Numbers (in Thousands) of Past Month Users of Cocaine, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	JP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
MIOI	07	346	477	06†	1.382
RACE/					
White	\$	232	975	167	850
Black	7 5	25.		987	505 712
Other	*	•	*	•	. •
SF \ Mate Temale	35.55	259	331	282	907 475
POPULATION BENEFA					
large Metro	33	147	265	257	704
Small Metro Vormetro	2 2	67	82	672	57.0
RECTON	•	·	į		ć
Northeast North Central	• હ	27	0. ZOI	10/	2 <u>2</u>
South	26.	120 96,	5(0 .)	167 101	\$21 337
NOT 1 1007					
High School	Y/Z	147	156	220	523
High School Grad	< < \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(9)	9/1	000	
(office Graduate	V-Z	- QI	63	•	100
CURRINI IMPLOMENT					
Laff time	ΚŻ	611	288	2.17	675
Part time	<u> </u>	- 89	0/2	<u>8</u> +	177
1 nemployed	<u> </u>	7.8	62		067
Other	- Ž	68.	0+	11	170

They precious no estimate reported NOV Not applicable

^{1.} The population distributions for the 1993 and 1994 NINDAs are post-stratified to population projections of foliase do not received another has little effect on estimated percentages reporting drug uses but may have a noticent effect on estimates of mumber of drug users in some subpopulation groups.

The cases NINDAs from 1982 fittough 1992 used projections based on the 1980 census. The change from one census have to another has little effect on estimated percentages reporting drug users in some subpopulation groups.

Pepulation density to based on 1990 MSA classifications and then 1990 Censis of Population counts

¹² it on adult chication and current employment not shown for persons aged 12-12. Estimates for both adult education and current employment are for persons aged 2.18. Retried shortenesser student, or other.

Sease, SAMHSA Office of Applied Studies, National Honsehold Survey on Drug Abuse, 1991 B.

Table 23B. Percentages Reporting Past Month Use of Cocaine, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	P (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
HOLM	0.3	1.2	13	70	0.7
RKE.					
W hite	0.3	- 2		603	Y = -
Black Hypanic	0.0	2 2 2 2 2 3 2 3 2 3 3 3 3 3 3 3 3 3 3 3	~ - •	0.7	<u>-</u> -
Calicr	*	#	•	•	•
SFA Male Female	0.3	90	6-1-0	% E	0.1 0.1
POPULATION DENSITY					
I arge Metro Small Metro	0.4	- 2	5.0	0.5	8 D
Nonnette	+0	0	1.3	0.5	\$ 0
RI GION	•	9	0.7	3	·C
North Central	0 3	: - :	<u></u>	- -	90
Nest	90	2 5	<u>~</u>	+ + = = = = = = = = = = = = = = = = = =	
10111 1011 107					
High School	S Z Z	26	∞ v	8 C C	7 0
Some College College Oraduate	C C S	2000	5 O O	90.	
CLERIAL					
1 off-time	N/A	~	~	+ 0	. 0
Part-time	₹Ż:	0.1	∞ : — ′	~ :	~ ·
facinities ed	< <u>< </u>	~ o	3 / 0.7	<u> </u>	~ 5
Office	- W.N.	6.0	/ 1/	7.0	

*Low precision no estimate reported

N.A. Not applicable
SOH. The population distributions for the 1993 and 1994 NHSDAs are post stratified to population projections of totals based on the 1990 decennal census. The 1979 NHSDA troin 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting done use, but may have

SOH. I stimates for 1994 B are derived from the NBSDA newsversion questionnaire.

P. polation detects is based on 1990 MSA classifications and then 1990 Census of Population counts.
Data on adult education and current employment not shown for persons aged 12.17. Estimates for both adult education and current employment are for persons aged 12.17. Estimates for both adult education and current employment are for persons aged 1.18. Retried disabled homemaker student or 'other".

Searce SAMHSA, Office of Spplied Studies, National Household Survey on Drug Abuse, 1994 B.

Table 24A. Estimated Numbers (in Thousands) of Past Month Users of Alcohol, by Age Group and Demographic Characteristics: 1994-B

		AGE GRO	AGE GROUP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Fotal
101.01	4.711	17.673	23.895	66.524	112 804
RVCI					
White	3,585	13.205	18081	55.260	90.130
Black	559	1+6'1	2.579	5.160	10.239
Hispanic	492	086'1	2,450	*****	+11.6
,	:				
A P	2.466	9,838	13.232	34 495	185 00
l cuale	2.246	7.835	10 663	31.529	52.273
FOPU VIION					
VIIVA CONTRACTOR	9191	7.810	11 726	21018	F19 &C
Small Metro	1 707	5.520	8.372	22.534	18188
Nouncho	1 086	4.243	1,747	12 980	750.55
RIGION	;		• • • • • • • • • • • • • • • • • • • •		20.0
Northeast North Central	770 886	3.941	5.632	17.318	28.126
	509.1	6,342	7,941	20.620	36.509
Mest	060.1	1504	5.337	14 626	25 113
100					
High School	₹.Z	2.887	3.124	10.500	16.511
High School Orad	ΝŻ	5.861	7,417	20.462	33,741
Some College	SZ:	6.0.3	1/8.6	57.76	27.040
(ollege (madnate	ež	1/87	(49)	0+9 6-1	107.00
CURRENT TAPLOMINE					_
I ull time	ベン	9 0 55	17.622	0† \$ 9}	.10:0
Fart ture	Y.Z	3,763	2,305	4 52 1	15,592
Unemployed	₹. Ž.2	018.1	1.388	202.2	18516
Offici	Nin	0+4".	70,	0.1.01	

The spectator no estimate reported $S(X) \sim V$ applicable





Range divibled homemaker, student or "other

Scill the geometric for the 1993 and 1994 NHSDAs are post stratified to population projections of totals based on the 1990 decennal census. The population projections based on the 1980 census. The change from one census base to another has hitle effect on estimated percentages reporting drug use but may have a minimate of drug users in some subpopulation groups.

From the first on estimates of number of drug users in some subpopulation groups.

Para on abult education and current employment not shown for persons aged 12.17. Estimates for both adult education and current employment are for persons aged 2.18. Properties density is based on 1990 MSA classifications and their 1990 Census of Population counts

Scores SAMILSA Office of Applied Studies. National Household Survey on Drug Abuse, 1994-B.

50601 (85B)

Table 24B. Percentages Reporting Past Month Use of Alcohol, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	UP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
101M	216	189	653	- 	53.9
RVE					
White	23.9	68.2	989	£ 0;	, 90
Black	182	2 <u>15</u>	59.2	+ 5+ 5	1.58
Calier	7.4		905	*	12.0
SI A Male Lemale	22.2.1.1.2.1.1.2	70.9 55.3	73.9	60.9	. 600
POPULATION					
Large Metro	21.2	9 9	8 99	0.88	9 98
Small Metro Nonmetro	22.1	63.7	8 00 8 5 8 4	0 75 7	4 1.0
RI GION	0.01	- 13	(0)	7	i.
Zortheast	22.5	- 8 ° 9	5.00	57.3	(0)
South	214	62.5	61.6	47.9	9.67
1 1 101					
101 C 1110N	VIV	168	37.0	168	9 1 7
High School Grad	N.N.	57.0	62.8	51.6	818
Some College College Graduate	₹ ₹ Ž Ž	68.9 + 08	72.0	1 80	C 60
CURRINI FARTONIENI					
1 all-tune	Ž	70.4	70.5	7 (3)	0 (0
Part time	c ·	0.19	109	6/9	D +0
l'inciniploy ed	< < <	6 5	1 2 9	39.3	S †

^{*}Low processor no estimate reported

* V Not applicable

*OH The population distributions

Forth The population distributions for the 1993 and 1994 NISDAs are post stratified to population projections of totals based on the 1990 decennal census. The 1970 decennal census and 1970 wed projections based on the 1930 census. The change from one census base to another has fittle effect on estimated percentages reporting drug uses that may have accurate and estimates of number of drug users in some subpopulation groups.

SOLE 1 ton its for 1993 B are derived from the NINDA inconversion questionnaire.

Espainten density is bosed on 1990 MSA classifications and their 1990 Censivol Population courns.

Data an adult education and current employment not shown for persons aged 12.12. Estimates for both adult education and current employment are for persons aged 1.18. Remost disabled bennemaker student or "other".

Source SAMINS Office of Applied Studies National Household Survey on Drug Abuse 1994 B

Table 25A. Estimated Numbers (in Thousands) of Past Month Heavy Alcohol Users, by Age Group and Demographic Characteristics: 1994-18

_		AGE GROUP (Years)	P (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
1011/1	536	3.565	2.801	5.748	12.650
RVC1.					
111 111 111 11 11 11 11 11 11 11 11 11	142	2.951	2.126	4,374	9 892
Black		249	261	† 2° 3	9000
Other	÷	99	86.	*	3.40
SF \ Alale Temale	861 888	2,707	2.297	4.648	000 G
POPUTATION DESCRIPTION LARGE Metro	661	1.351	1,406	2.510	907
Small Metro Noumetro	891 ———	1.189	859 536	930	650 660 6
REGION Northeast	09	***.°°	101	# 1	9500
North Central South Next	151 209 116	805 1316 820	858 1.036 445	2.144	3 412 4 705 2 273
1910					
High School	4	767	645 950	1.591	3 006 † 270
Some College College Graduate	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	1 2.46 288	603	1 380	3.228 1.609
CLERINI INPLOVMENT			į		
Fell time		1753	2.234	590	1575
l nemploxed	: < <	324	961	179	868
CHICI	1			A	

[&]quot;Low procession no estimate reported

Ser upplicable

Fra month Heavy Alcohol Use is definited as dimking five or note drinks per day on each of five or more days in the past 80 days.

The p-quilation distributions for the 1993 and 1994 NHSDAs are post-stratified to population projections of totals have our the 1990 decennal census. The 1979 NHSDA used population projections based on the 1980 decennal census. The classification one census have to another has bitle effect on estimated percentages reporting due use but may have by a consustant and projections based on the 1980 census.

^{),} into an effect on estimates of manher of drug users in some subpopulation groups

Soft 1 mantes for 1994 B are derived from the NHSDA new version questionnaire

P. Jackar in darary is based on 1990 MSA classifications and their 1990 Census of Population counts.
Darage additional and current employment not showns tor persons aged 12.17. Usumates for both adult chication and current employment are for persons aged 1.18. Report deadled homemaker student on 'other"

Scarce SAMILISA Office of Applied Studies National Household Survey on Drug Abuse 1994 B

50601 (86B)

Table 25B. Percentages Reporting Past Month Heavy Alcohol Use, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	IP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
101.01	5.2	13.2	8.0	×	6.2
RXCE/ FIUNCTIA Whate	3.0	157	æ	9 +	
Black Hispanic Other	+ •	70 7.87 2.2	† 9 9 % 0.†	v. 5	× t
SEA Male Tenale	3.1	20 3 6 3	13.5	× +	10.3
POPULATION DINSTAL Large Metro Small Metro Noumetro	m m v.	10.9	83 71 86	× × +	0 0 V
REGION Noutheast Nouth Central South West	1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	11 8 13 9 13 4 13 3	\$ <u>5 0</u> % & . % L + 3	4 X X X &	7 × 7 × 1 × 1 × 1 × 1 × 1 × 1 × 1 × 1 ×
VBU U.I F DR C A HON' · High School High School Grad Some College College Graduate	~ < < < < Z Z Z Z	144 130 147 82	12 2	2 % K CI	\$1.5 F.
CTRRENT FAIPTONMENT Tull-time Part-time U nemployed Other	N.A N.A N.A	14.2 11.5 14.3	9		7.8 6.7 11.3

[&]quot;Low precessor no estimate reported

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[/] Natappleable

^{= ;} = 5

Part month Heavy Alcohol Use is defined as dinibative or more drinks per day on each of five or more days in the past 30 days.

The population distributions of the 1993 and 1994 NISDAs are post-stratified to population projections of rolars based on the 1990 decentual census. The 1979 NISDAs from 1982 through 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drag use but may have acountered of any users in some subpopulation groups.

¹ dimites for 1994-B are derived from the NHSDA new version questionnaine

Population density is based on 1990 MSA classifications and then 1990 Census of Population counts

Data on adult education and current employment not shown for persons aged 12-17. Estimates for both adult education and current employment are for persons aged [18]. Retried, disabled, homemaker, student or "other".

Source SAMHSA Office of Applied Studies, National Household Survey on Drug Abuse 1994 B

Table 26A. Estimated Numbers (in Thousands) of Past Month Users of Cigarettes, by Age Group and Demographic Characteristics: 1994-B

		000 301	ACC CROHP (Vagre)	•	
Demographic (Tharacteristic	12-17	18-25	26-34	35 and Older	Total
101 (1	4.119	9.706	11.852	34.278	556.65
RXC1/ 111/C11/					
W hite	3.306	7,459	8.916	27.072	46.753
Black Hspaine	388	00°1	1.268	2.279	810 7
Other	72	304	568	676	1.623
Nale Temale	2.180	5.140	6.342 5.510	17.961	31 623 28 332
POPEL VIION					
Jame Metro	061	4231	5.413	13,600	24.734
Small Metro Nonmetro	7.69.1 7.70	2.170	2,471	8.892	015 11
KI GION	3	012	2 066	986.9	11.440
Vorth Contai	601.1	2.311	2.991	889.8	15 099
South	015.1 C18	1,795	4,403	12.395	22 103
, 111dv					
101 C C 10 N ²	Ž	2.559	3.028	8 632	14 219
High School Orad	Y/Z·	3,735	4.649	13 236	21 620
Some College College Graduate	< K/X	615	1 558	4,745	616.0
CURRENI FAPIOMENI					
1 ull-tune	Y.Z	4,915	6287	17 923	30.716
Part time	< :	1.769	1 027	7 () ()	27.10
t nemployed	< < <	1.063	2.014	11.22.1	561 51

Tow precessor no estimate reported

N. Not applicable

NOT the applicable

NOTE The population distributions for the 1993 and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decennal census. The 1979 NHSDA from 1982 fusually page used projections based on the 1970 census. NHSDAs from 1982 fusually 1992 used projections based on the 1980 census. The change from one census base to another has futle effect on estimated percentages reporting drue use but nais but no express the constant of the properties of the p

armiteant effect on estimates of number of drug users in some subpopulation groups 2011. I amates for 1994 B are derived from the NHSDA new-version questionnaire

P parlatest density is based on 1990 MSA classifications and their 1990 Census of Population counts.
Data on adult education and current employment not shown for persons aged 12.17. Estimates for both adult education and current employment are for persons aged 12.17. Estimates for both adult education and current employment are for persons aged 1.18. Rented disabled homemaker, stydent or "other"

Source SAMILSA Office of Applied Studies National Household Survey on Drug Abuse, 1994 B

:

Table 26B. Percentages Reporting Past Month Use of Cigarettes, by Age Group and Demographic Characteristics: 1994-B

		AGE GROUP (Years)	IP (Years)		
Demographic Characteristic	12-17	18-25	26-34	35 and Older	Total
101 AL	6 81	346	32.4	27.9	28.6
RKE.					į
White Black	11.5	24.9	32.	32.5	
Hispanic Other	7 1	23.5	17.3	5 07 6	8 C7
SF \ Male Female	19 6 18 2	371	35.4 29.5	31.3	31.5
POPU I VIION DI NSLIVI I arge Metro Small Metro Nonmetro	16.4 21.3	33.0 38.8 32.5	30.7 31.7 38.5	52 52 4 58 52 4 58 52	26.6 29.6 31.3
RI GION Northcast North Central South West	17 8 20 2 20 1 16 6	320 386 374 288	29.1 35.8 34.1 29.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	27.9 30.2 30.0 55.3
ADULA 110N ² FDUCA 110N ² High School High School Grad Some College College Graduate	₹ ₹₹ ₹₹₹	46 1 36 9 31 8 17 2	55.2 39.3 29.4 15.0	5 8 8 3 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	25.5 2.5.1 2.5.2 2.5.1
CCRRINI IMPLOYMENT Unferme Part-time Unemployed Other	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	38.2 28.7 28.7 45.0	5 12 5 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	30.8 23.9 33.9 33.9	2

[&]quot;Lex precision no ediniale reported N N Not applicable NOTE The population distributions (NOTE).

The population distributions for the 1993 and 1994 NISDAs are post straitled to population projections of totals based on the 1990 decennial census. The 1990 decennial census is 1992 finough 1992 used projections based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting dup use but may have

arenteemt effect on estimates of number of drug users in some subpopulation groups "and I amates for 1994 B are derived from the NHSDA new version questionnance

P potnt a density is based on 1990 MSA classifications and their 1990 Census of Population counts.

Data on abilit education and current employment not shown for persons aged 12.12. Estimates for both adult education and current employment are for persons aged 12.18.

Retroad abilities bracket student or other:

Source SAMHSA Office of Applied Studies, National Household Survey on Drug Abuse, 1994-13

50601 (42A)

PRELIMINARY DATA - AS OF JUNE 1995

Table 27A. Estimated Numbers (in Thousands) of Lifetime, Past Year, and Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S.

Population Among Females, by Age Group 15-44, Parental Status, and Pregnancy Status: 1994-B

•						TIME	TIME PERIOD					
		Used in	Used in Lifetime			Used in	Used in Past Year			Used in	Used in Past Month	
Drug	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18 ¹	Females Aged 12-44 Who Are Pregnant	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18 ¹	Females Aged 12-44 Who Are Pregnant	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18¹	Females Aged 12-44 Who Are Pregnant
Any Illicat Drug	32.636	27.710	16.639	1,308	9.212	7.981	3.543	266	4.673	3.974	1.865	16
Marquana and Hashish	29.242	25.296	15,438	1.217	6,486	5.997	2,293	234	3,389	3.107	918.1	÷*
(ocame	8.910	8.218	4.852		1.217	376	200	200	475 202	787 161	191 76	• •
shirle thil	4,235	3.787	11+1	0+1	795	596	89	61	275	161	45	*
Hallucinogens	886.9	6.489	3.518	293	800	713	122	=	335	310	<u>-</u> 9	*
- 13-	2.279	2.007	1.420	16	72	46	+ ;	* 1	27	17	• ′	• •
<u> </u>	5,331	4.982	2.904	206	512	475	39	* *	611	+	~ <u>~</u>	• •
Herom	98+	70+	307	•	661	601	5		}	;		
Nonnedical Use of Any Psychotheraneum	9.670	8.080	4.988	406	3.119	2.511	1.361	7	1.243	888	552	61
Sumulants	3.540	3.121	1,994	191	555	186	198	*	209	167	60	*
Sedatives	1.773	1.620	1.14	77	257	227	116	*	63	58	17	*
Landadizer	3,941	3.337	2,221	145	1.236	992	598	25	98+	296	203	+
Analyesics	5.831	4.765	2.895	246	2.149	1.677	096	27	832	\$68	\$0\$	5
Vas Illicit Drug			,	!				<u>:</u>			-	
other than Maripuana	17.347	14.957	8.366	682	1.843	3.969	1.866	011	2,123	009.1	2 8	
Akohot Heavy Akohot Use*	87,599	50.633	31.580	2,500	68,042	42.363	24,926	1.974	52.273 2.660	32.177	18.828	0§0 8
Creatities	73,979	41.718	26.126	2.105	31.593	20.578	11,355	806	28.332	18 112	10.291	765
Smokeless, Lobacco	5.2.98	3,276	1.527	142	166	391	154	28	735	167	∞	•
Anabolic Steroids	161	146	09	6	26	10	*	*	*	*	*	*

[&]quot;I w proceed to camero reported

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¹⁹³¹ Hr. population distributions for the 1993 and 1994 F. ISDAs are post-stratified to population projections of totals based in the 1990 decennial census. The 1979 WISDA used population projections based on the 1970 census. MINDAs tensus and 1994 F. ISDAs are post-stratified to population projections of totals. month 1992 and propertions based on the 1980 census. The change from one census base to another has little effect on estimated percentages reporting drug use, but may have significant effect on estimates of number of drug users in some salpedation groups

NOTE: I amate, by 1994 B are derived from the NHSDA new version questionnaire

The term decreased and the child are both resident in the same household

beninglical use of marginant or hashest cocaine (including crack), inhalants, hallucinogens (including USD) and PCP), herom or psychotherapeutics at least once

Seamedrad use of any prescription type standard, sedative, tranquilizer, or analgeste, does not meltide over-the counter drips. deals of the small mediade users of manifuana only

H. w.v. Medod Use is defined as drinking five or more drinks per day on each of five or more days in the past 30 days stars, a NMHSA, Office of Applied Studies, National Horsehold Survey on Ding Abuse, 1994 B.

SOGOI (42B)

PRELIMINARY DATA - AS OF JUNE 1995

Table 27B. Percentages Reporting Lifetime, Past Year, and Past Month Users of Illicit Drugs, Alcohol, and Tobacco in the U.S. Population Among Females, by Age Group 15-44, Parental Status, and Pregnancy Status: 1994-B

						TIME	TIME PERIOD	:				
		Used in	Used in Lifetime			Used in	Used in Past Year			Used in	Used in Past Month	
Drug	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18	Females Aged 12-44 Who Are Pregnant	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18 ¹	Females Aged 12-44 Who Are Pregnant	All Females Aged	Females Aged 15-44	Females Aged >12 with Child < Age 18 ¹	Females Aged 12-44 Who Are Pregnant
Any Illicat Drug	29.9	46.8	46.2	1.91	8.4	13.5	8.6	4.6	4.3	6.7	5.2	*
Marijuana and Hashish	26.8	42.8	42.9	42.9	5.9	10.1	4.6	8.2	~ ~	5.3	3.7	5
Cacame Cack	- 8 - 3	23	13.5	2.7	0.4	6.1 9.0	1.4 0.6	0.3	0.2	0.3	3 2	*
Inhahants	3.9	1 .9	3.9	6.4	0.7	1.0	0.2	0.7	0.3	0.3	0	•
Hallucinogens	0.4	0.11	æ: ≎:	10.3	0.7	- 2	0.3	0.5	03	0.5	0.2	
란 <u>-</u>	- 0 - 0	→ → ~ ×	3 C	3.2	- 5	- ×	0 0	* *	0. c	0 0	• 0	• •
Heroin	70	· 8	0.0	*	0.1	0.2	0.1	*	00	0.1	0.0	•
Nonnedical Use of Any			;		:		ć					;
Psychotherapeutic	∞ ~	13.7	13.9	14.3	2.9	~! ~	3.8 5.8	<u>.</u> *		۰ - ۱	. r	` *
Sections	7.7	5.0		2.7	0.2	70	0.3	*	0 1	0.1	0	*
Tranguitzes	3.6	56	6.2		-	1.7	1.7	6.0	0	0.5	90	*
Analgesics	5.3	8.	8:0	8.7	2.0	2.8	2.7	0:1	80	0.1	0 1	0.5
Any Illicat Drug other than Marijuana	159	253	23 2	24.0	# #	6.7	5.2	3.9	6:1	2.8	2.3	0 1
Alcohol Heavy Alcohol Use*	803	85 6	87.7	88.1	62.4	716	69.2	9.69	47.9	54.4	523	22.9
Cigarettes	67.8	70 5	726	74.2	29.0	34.8	31.5	32.0	26.0	30 6	78 6	117
Smokeless Lobacco	æ ∵	5.5	4.2	5.0	60	0.7	0.4	0.1	0.7	0.3	0.2	•
Anabolic Steroids	0.2	0.2	0.2	0.3	0.0	0.0	*	*	*	*	*	*

[&]quot;Low precision no estimate reported

%

The population distributions for the 1993 and 1994 NHSDAs are post-stratified to population projections of totals based on the 1990 decentual census. The 1979 NHSDA are post-stratified to population projections of another has little effect on estimated percentages reporting drug use, but may have significant effect on estimates of nomber of drug users in some sabaria mancipalisaha Ξ

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H. re. Mechal Pacus defined as drinking five or more drinks per day on each of five or more days in the past 30 days sense. SAMHSA OTHES OF Applied Studies National Household Survey on Drug Abuse 1994-B